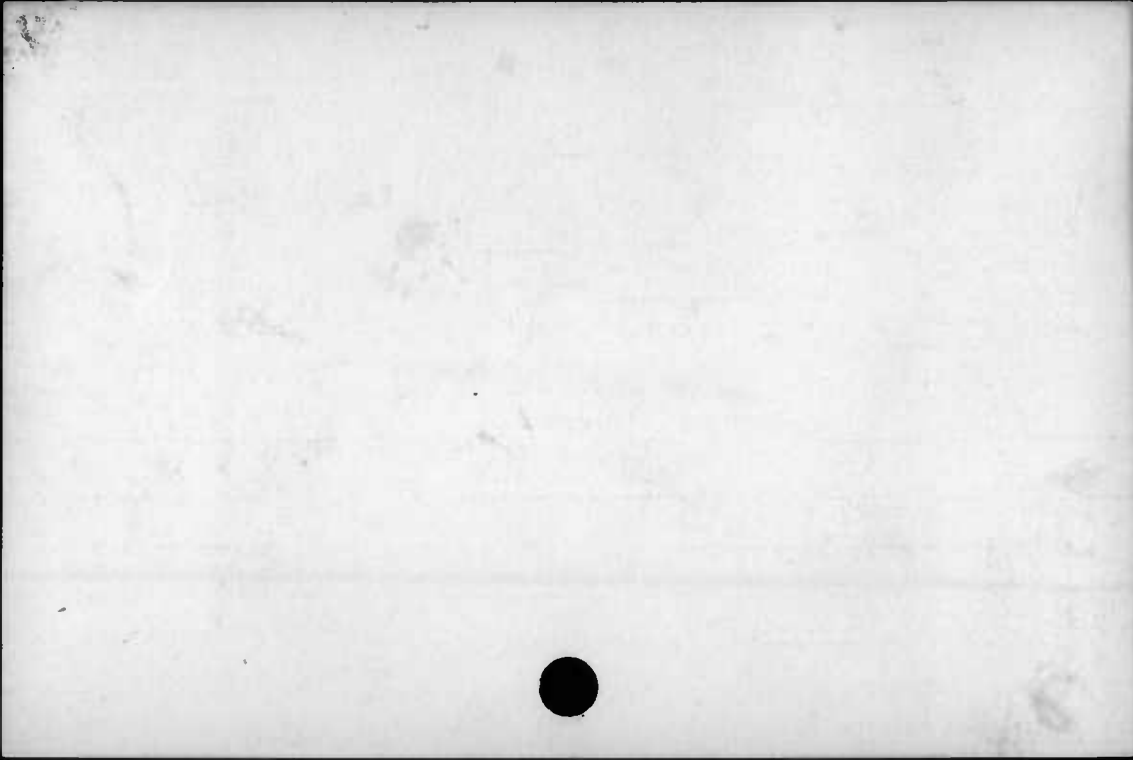


Name in Full Mary Esther Barnhart		CERTIFICATE OF DEATH	
Died at Manchester Town		County Carroll	
Date of death 1907 Month 04 Day 09		Age 9 Years 0 Months 9 Days	
Sex Female		Color or Race White	
Occupation		Birth-place Manchester	
Where Residing If not at place of death			
Married, Single or Widowed		Name of Wife or Husband	
Father's Name Geo H Barnhart		Father's Birthplace Carroll	
Mother's Maiden Name G E. Hatter		Mother's Birthplace Carroll	
Name of person giving information Hatter		How related to deceased	
CAUSES OF DEATH 157			
Primary Inflammation Liver		How long Chronic	
Immediate collapse		How long in	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. O. Preston M.D.	
Address Manchester			
Accident or Suicide?			



Name
in
Full

Mary Booz

CERTIFICATE OF DEATH

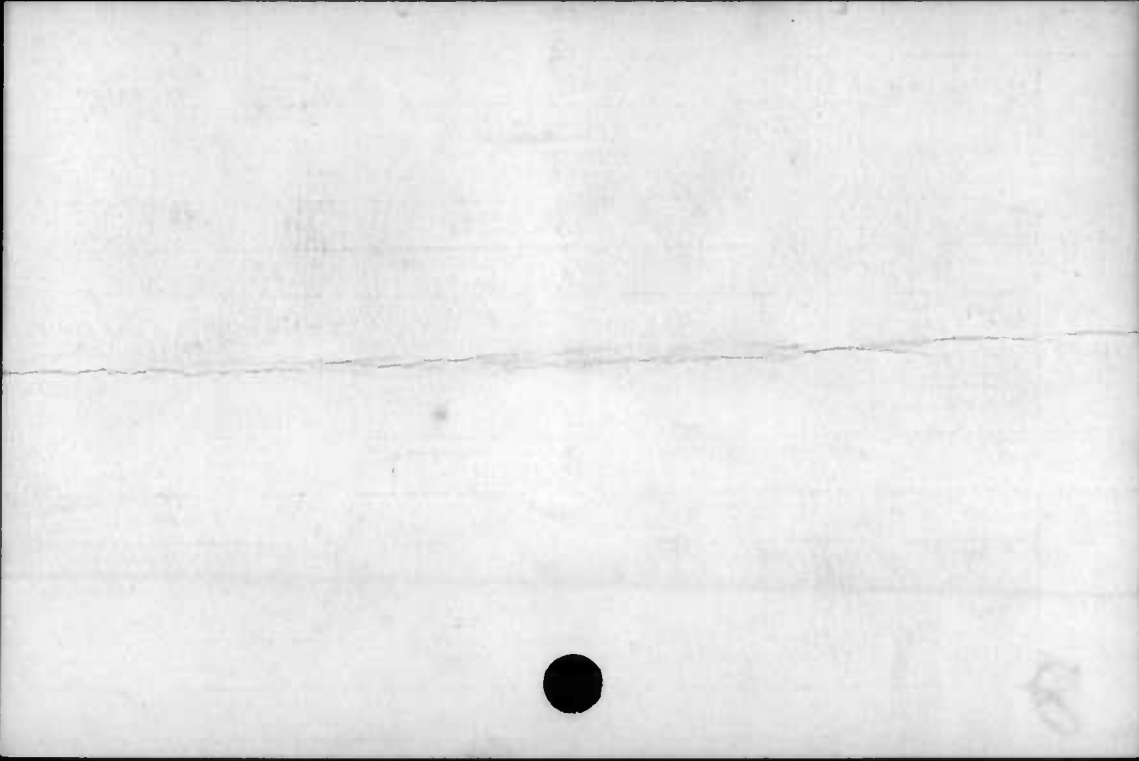
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>4th</i> ^{Month}	<i>2nd</i> ^{Day}	Age <i>70</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto. Md.</i>		
Occupation <i>Housewife</i>	<i>Stone</i>		Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>?</i>	<i>Unknown</i>			Father's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>?</i>	<i>Unknown</i>			Mother's Birthplace <i>Unknown</i>	
Name of person giving information <i>Hospital Records.</i>			How related to deceased <i>120</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Parenchymatous hepatitis</i>	How long <i>?</i>
Immediate	<i>Organic Heart disease.</i>	How long <i>?</i>
Are the name, age, sex, color, date and place correctly given above? <i>No.</i>		Signature of Physician <i>W. Henry Fisher</i>
		Address <i>Sykesville Md.</i>
Accident or Suicide? <i>8</i>		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Anne M Bosley

CERTIFICATE OF DEATH

MARYLAND

Died at Greenmount Town Carroll CountyDate of death 1907 April 20 Age 60 10 Months 15 DaysSex female Color or Race white Birth-place St. LouisOccupation Housewife Where Residing if not at place of death GreenmountMarried, Single or Widowed married Name of Wife or Husband White M BosleyFather's Name Harry Williams Father's Birthplace St. LouisMother's Maiden Name Elizabeth Williams Mother's Birthplace UnknownName of person giving information Tom Bosley How related to deceased St. Louis

CAUSES OF DEATH

Primary Ulcer of Stomach How long 3 daysImmediate Angina Pectoris How long 2 days

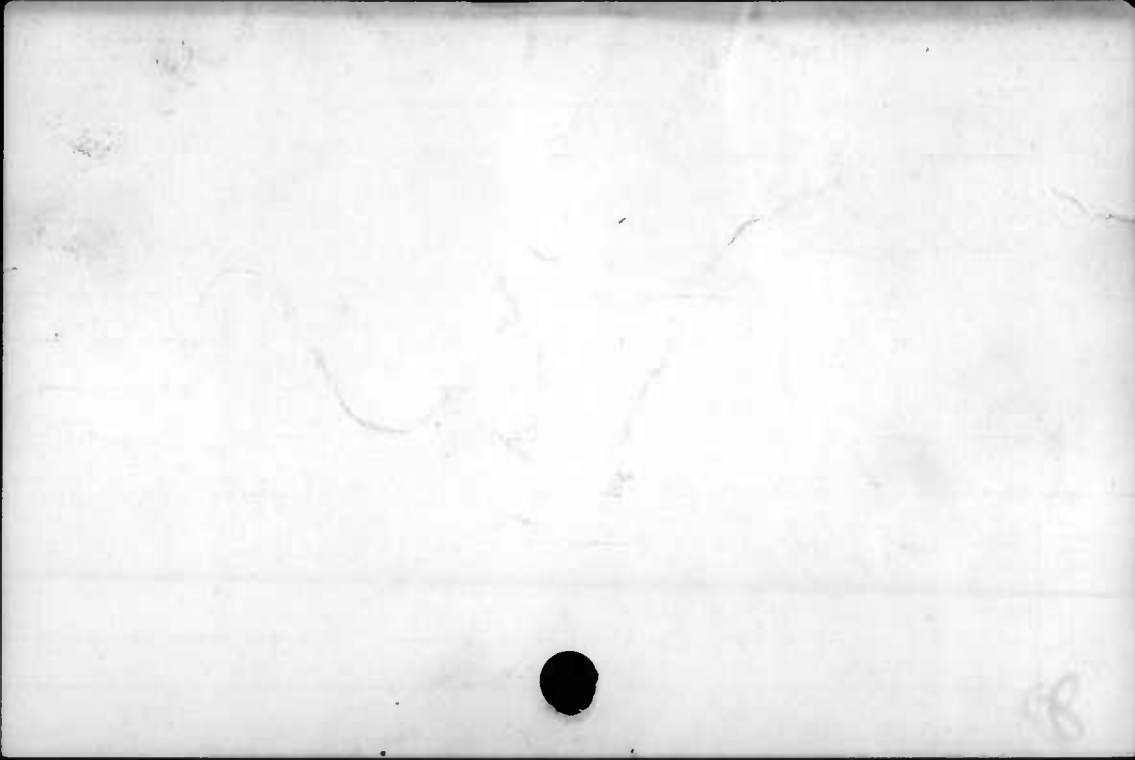
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J H Sherman
Manchester
Ind

Accident or Suicide?



Name
in
Full178
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1907</i> Month <i>April</i> Day <i>1</i>		Age <i>77</i> Years		Months	Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Bridget Boyle</i>				
Father's Name <i>Patrick Boyle</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Mary Stevens</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>James Boyle</i>		How related to deceased <i>son</i>			

CAUSES OF DEATH

88

PHYSICIAN
OR CORONER

Primary <i>Complication of disease</i>	How long
Immediate <i>Oedematous Laryngitis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. M. Sullivan</i>
	Address <i>146 Main St</i> <i>City</i>
Accident or Suicide?	

St John Catholic
Cemetery, Dover,

Name in Full		Cathern Brooks (Cal)				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Bark Hill</i>		Town <i>Hill</i>		County <i>Carroll</i>		MARYLAND
	Date of death 1907	Month <i>April</i>	Day <i>21</i>	Age <i>70</i>	Years	Months	Days
	Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>Ind Co</i>		
	Married, Single or Widowed <i>Married</i>		Occupation <i>House Wife</i>				
	Name of Wife or Husband <i>Steven Brooks</i>						
	Father's Name <i>Don't Know</i>				Father's Birthplace <i>Unknown</i>		
	Mother's Maiden Name <i>Rachel Black</i>				Mother's Birthplace <i>Ind Co</i>		
	Name of person giving In formation <i>Stephen Brooks</i>				How related to deceased <i>Husband</i>		
CAUSES OF DEATH							79
PHYSICIAN OR CORONER	Primary		<i>Uncertain, probably</i>		How long		
	Immediate		<i>Heart Clot</i>		How long <i>Immediate</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. R. ...</i>		Address <i>Accommodations Ind.</i>		
	Accident or Suicide?						

Mount. Joy

Name
in
Full

Hilda Grace Brower

CERTIFICATE OF DEATH

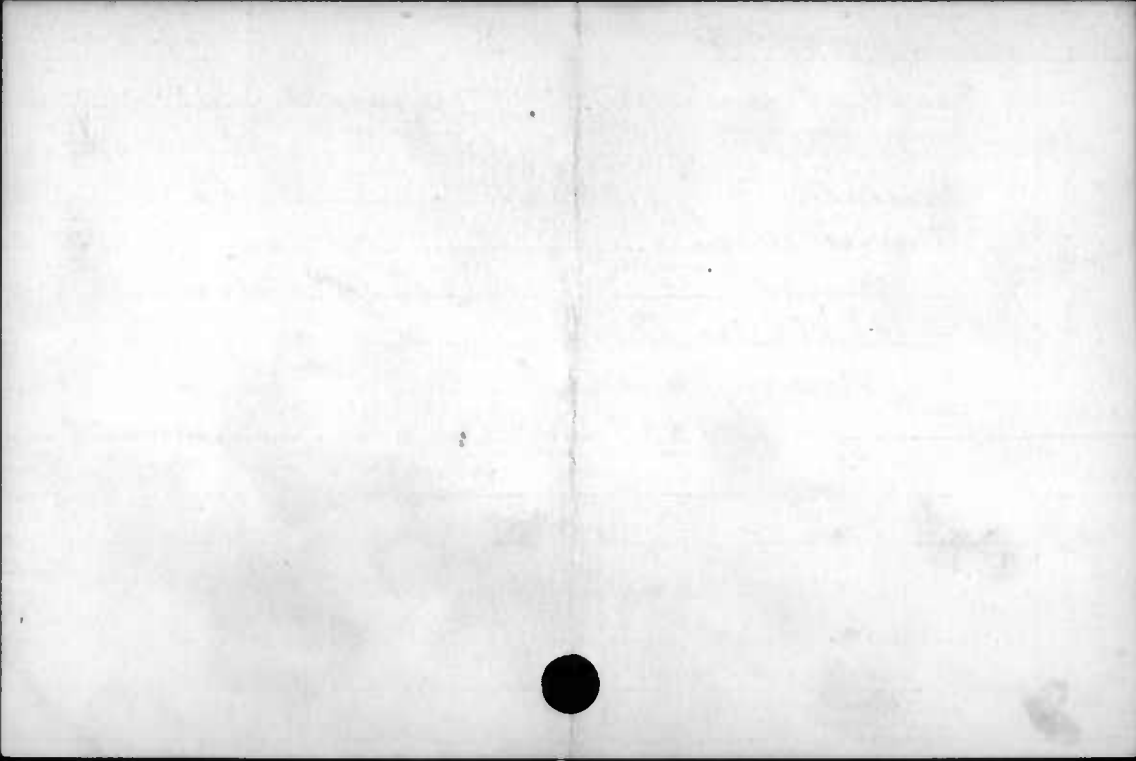
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Net Union</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>4</i> ^{Month}	<i>11</i> ^{Day}	<i>2</i> ^{Years}	<i>3</i> ^{Months}	<i>3</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co. Md.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Walter G. Brower</i>			Father's Birthplace <i>Union Bridge Md.</i>		
Mother's Maiden Name <i>Grace V. Hull</i>			Mother's Birthplace <i>Tammy Town Md.</i>		
Name of person giving information <i>Walter G. Brower</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Iritabl Stomach</i>	<i>151</i>	How long <i>3 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Watt</i>	
	Address <i>Union Bridge Md.</i>	
Accident or Suicide? <i>No</i>		



Name
in
Full180
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name *Margaret E Buxton* Town *Westminster* County *Carroll*
 Died at *near Westminster* Maryland
 Date of death *1907* Month *April* Day *7* Age *51* Years Months *8* Days *26*
 Sex *Female* Color or Race *White* Birth-place *Pa*
 Occupation *House wife* Where Residing if not at place of death *—*
 Married, Single or Widowed *Married* Name of Wife or Husband *James B Buxton*
 Father's Name *William Bell* Father's Birthplace *Pa*
 Mother's Maiden Name *Mary Kerr* Mother's Birthplace *Pa*
 Name of person giving information *James B Buxton* How related to deceased *Husband*

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

Primary *Cardiac - Valvular Insufficiency* How long *Several years*
Nephritis How long *One month*
 Immediate *Heart failure*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Chas. R. Foutz, M.D.*
 Address *Westminster*
MD
 Accident or Suicide? *—*

Sharr

Utica Fredwell Co

Name
in
Full

Margaret A. Caple

181
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

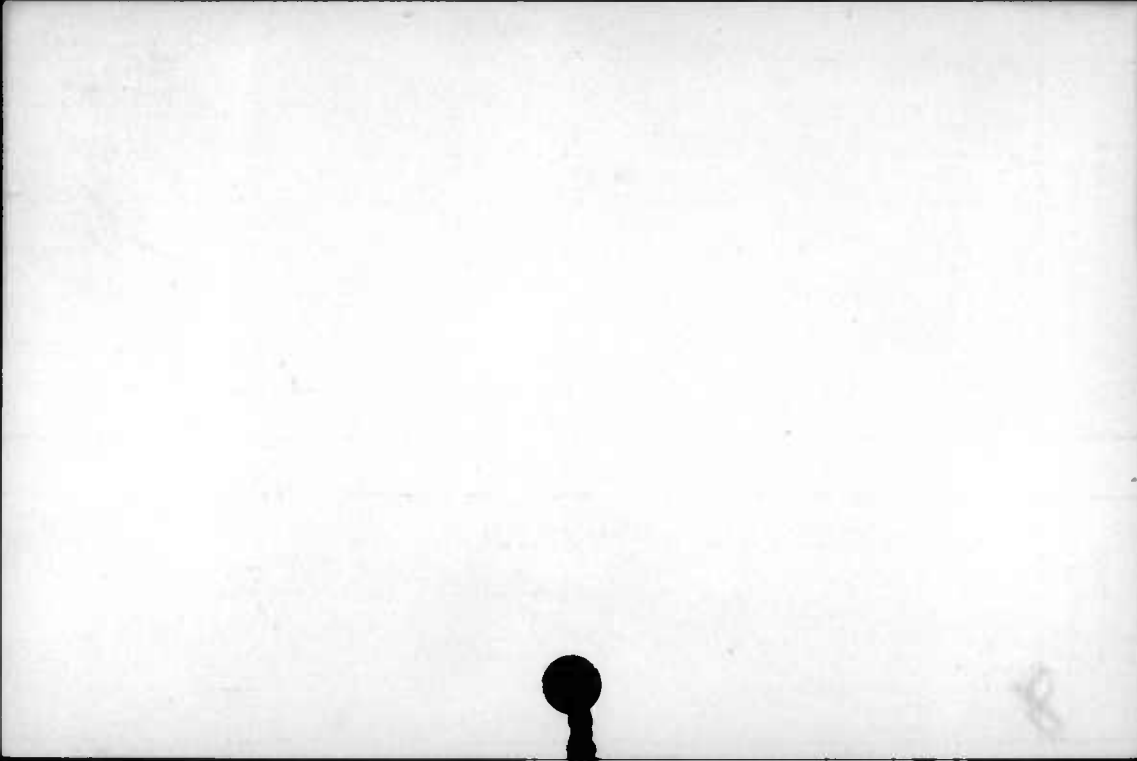
Died at		Town Eastview		County Carroll		MARYLAND	
Date of death		Month April	Day 11 th	Age 75	Months 10	Days 27	
Sex Female		Color or Race White		Birth- place Near Sandyville			
Occupation Housewife		Where Residing if not at place of death Eastview					
Married, Single or Widowed Married		Name of Wife or Husband Wm. Yb. Caple		Father's Birthplace Carrollton			
Father's Name Noah Woolery		Mother's Maiden Name Margaret Dorsey		Mother's Birthplace Near Finkshurg			
Name of person giving In formation George Yb. Caple				How related to deceased her son			

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary	Senile Gangrene	How long	6 months
Immediate	Diabetic Coma	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Jos. J. Hering	
Yes		Address Westminster	
Accident or Suicide?		M. H.	



Name
in
Full

Susan Caples

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

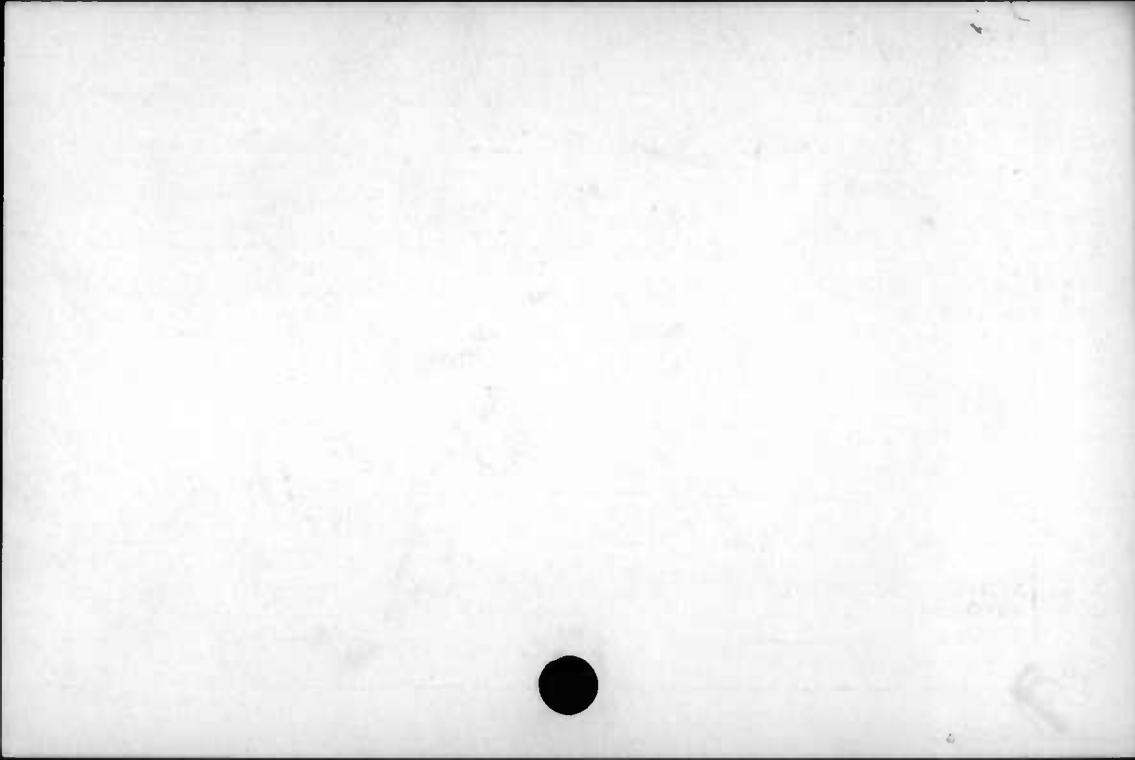
Died at <i>Winfield</i> ^{Town}		County <i>Carroll</i>		MARYLAND	
Date of death 1907	Month <i>4</i>	Day <i>21</i>	Age Years <i>20</i>	Months <i>*5</i>	Days <i>29</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co., Md.</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Wm. Caples.</i>			Father's Birthplace <i>Balto. Co., Md.</i>		
Mother's Maiden Name <i>Annie Stern</i>			Mother's Birthplace <i>Carroll Co., Md.</i>		
Name of person giving information <i>Annie Stern</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>about 1 yr</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. D. Cronk</i>
	Address <i>Winfield Carroll Co.</i>
Accident or Suicide?	



Name
in
Full

Elwood Card

CERTIFICATE OF DEATH

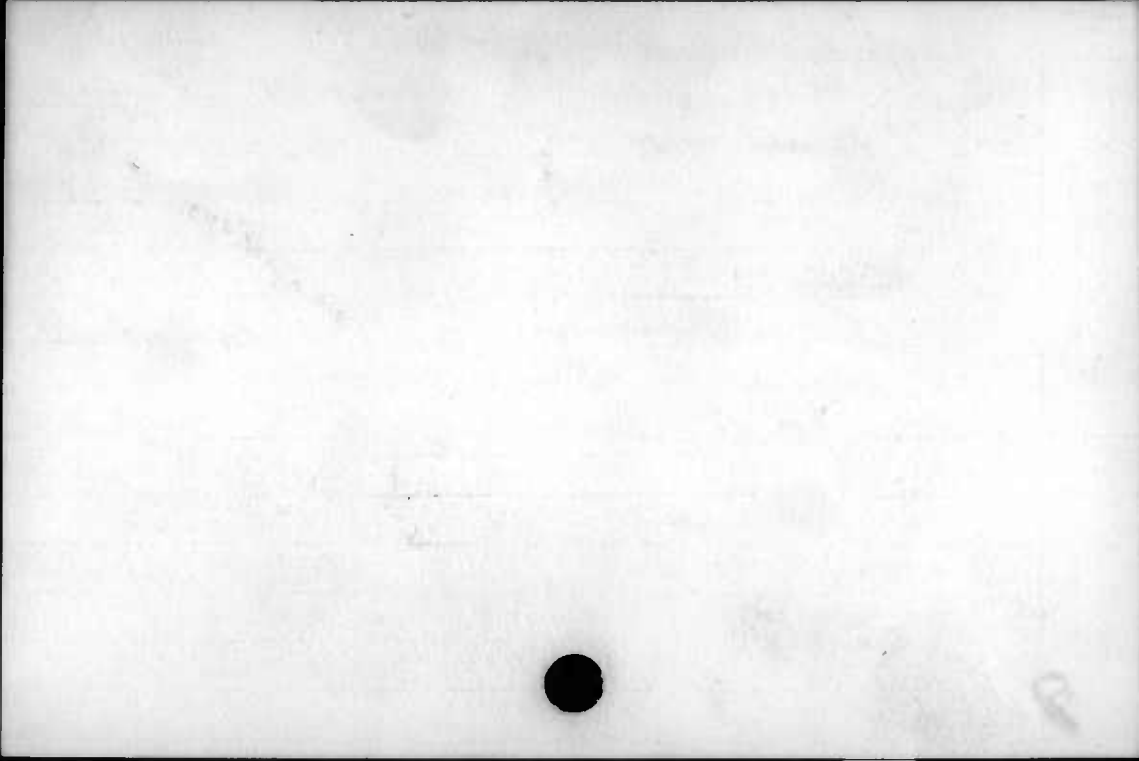
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hosp.</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>24</i>	Age <i>36</i>	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Balt. City</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>			Mother's Birthplace <i>"</i>	
Mother's Maiden Name <i>"</i>	How related to deceased				
Name of person giving information <i>Hospital records</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epileptic tubercidity</i>	How long <i>34 yrs</i>
Immediate <i>Organic heart disease</i>	How long <i>about 1 yr.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. J. Carey</i>
	Address <i>Lykenville Md.</i>
Accident or Suicide?	



Name
in
Full192
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

James Bennett Coonan
 Died at *Westminster* Town *Carroll* County
 Date of death *1907* April *24* Age *—* Years Months *—* Days *3*
 Sex *Male* Color or Race *White* Birth-place *Maryland*
 Occupation *—* Where Residing if not at place of death *—*
 Married, Single or Widowed *Single* Name of Wife or Husband *—*
 Father's Name *T. J. Coonan* Father's Birthplace *Maryland*
 Mother's Maiden Name *Blanche Bennett* Mother's Birthplace *—*
 Name of person giving information *T. J. Coonan* How related to deceased *Father*

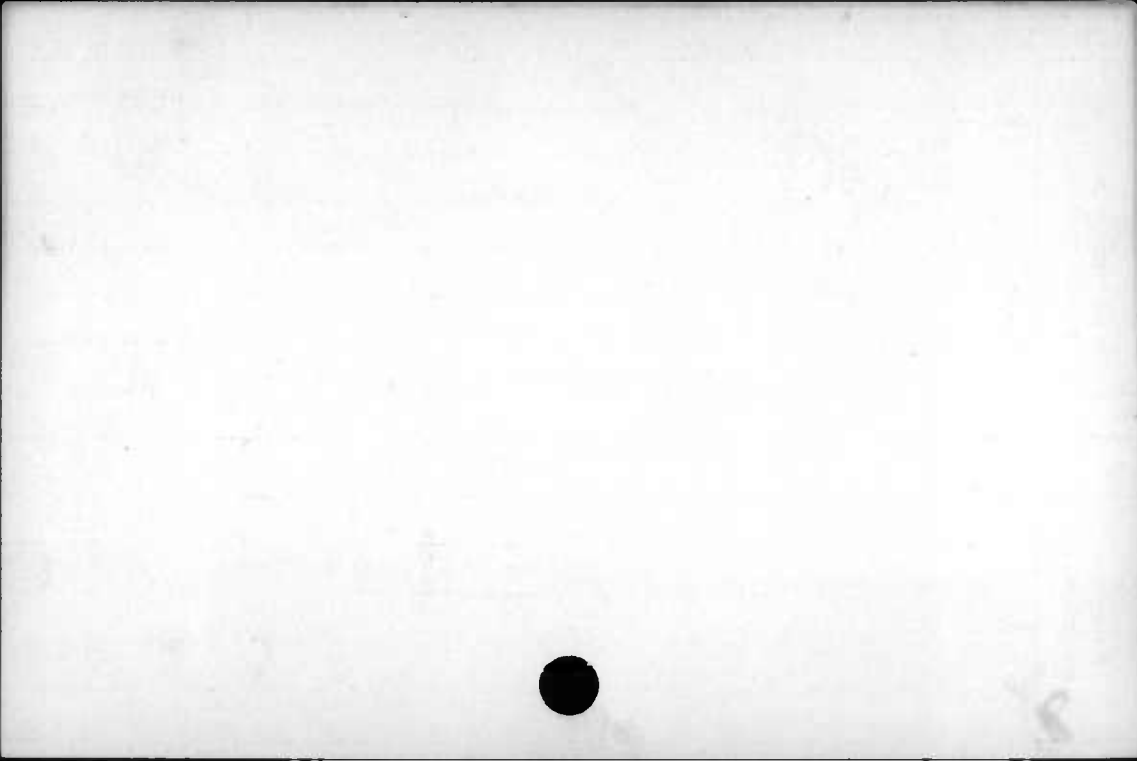
CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Jaundice* How long *3 1/2 days*
 Immediate *Heart Failure* How long *—*
 Are the name, age, sex, color, date and place correctly given above?
yes
 Accident or Suicide?

Signature of Physician *T. J. Coonan*
 Address *Westminster*



Name
in
Full

CERTIFICATE OF DEATH

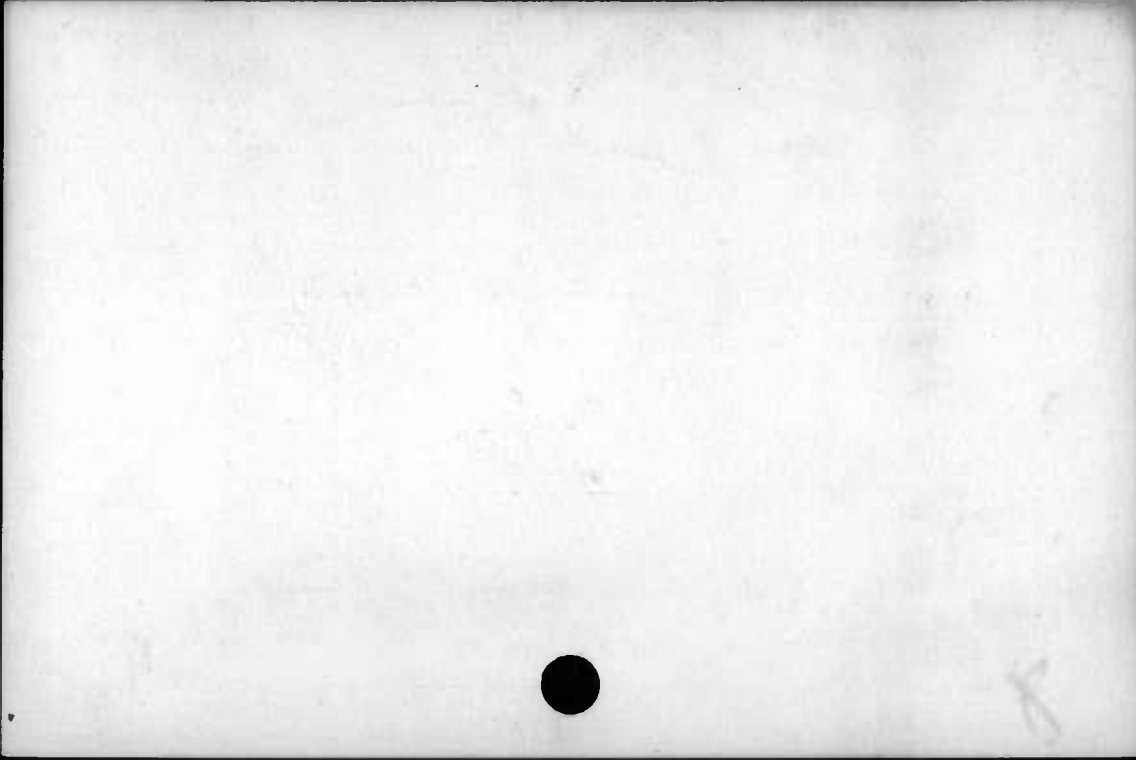
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bennett</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death 190	<u>7</u>	Month <u>4</u>	Day <u>24</u>	Age <u>18</u> ^{Years}	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Bennett, Md.</u>		
Married, Single or Widowed <u>Single</u>	Occupation <u>Laborer</u>				
Name of Wife or Husband <u> </u>					
Father's Name <u>George Costley</u>			Father's Birthplace <u>Fred. Co. Md.</u>		
Mother's Maiden Name <u>Rachael Williams</u>			Mother's Birthplace <u>Balto. Co. Md.</u>		
Name of person giving information <u>Noah Fossett</u>			How related to deceased <u>Cousin</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diphtheria</u>	<u>(9)</u>	How long <u>2 weeks</u>
Immediate <u> </u>		How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. D. Cronk</u>	Address <u>Worfield Md.</u>
Accident or Suicide? <u>X</u>	<u>By permission of Health Ind.</u>	



Name
in
Full

Julia Davis.

195
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Wakefield <small>Town</small>		Carroll <small>County</small>		MARYLAND	
Date of death 1907	Nov <small>Month</small>	29 <small>Day</small>	44 <small>Years</small>	11 <small>Months</small>	3 <small>Days</small>
Sex Female	Color or Race Colored	Birth-place md			
Occupation Housekeeper	Where Residing if not at place of death Baltimore md				
Married, Single or Widowed Married	Name of Wife or Husband Harrison Davis				
Father's Name Wesley King	Father's Birthplace Carroll Co.				
Mother's Maiden Name Lottie Woodford	Mother's Birthplace Carroll Co.				
Name of person giving information Abraham Jones	How related to deceased Step. father.				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary Heart disease	How long
Immediate " "	How long
Are the name, age, sex, color, date and place correctly given above? Yps	Signature of Physician Dr. Ira E. Whitehill
J	Address New Windsor md
Accident or Suicide?	

Western Chapel
Stoner,

Name
in
Full

Thomas M Deolan

185

CERTIFICATE OF DEATH

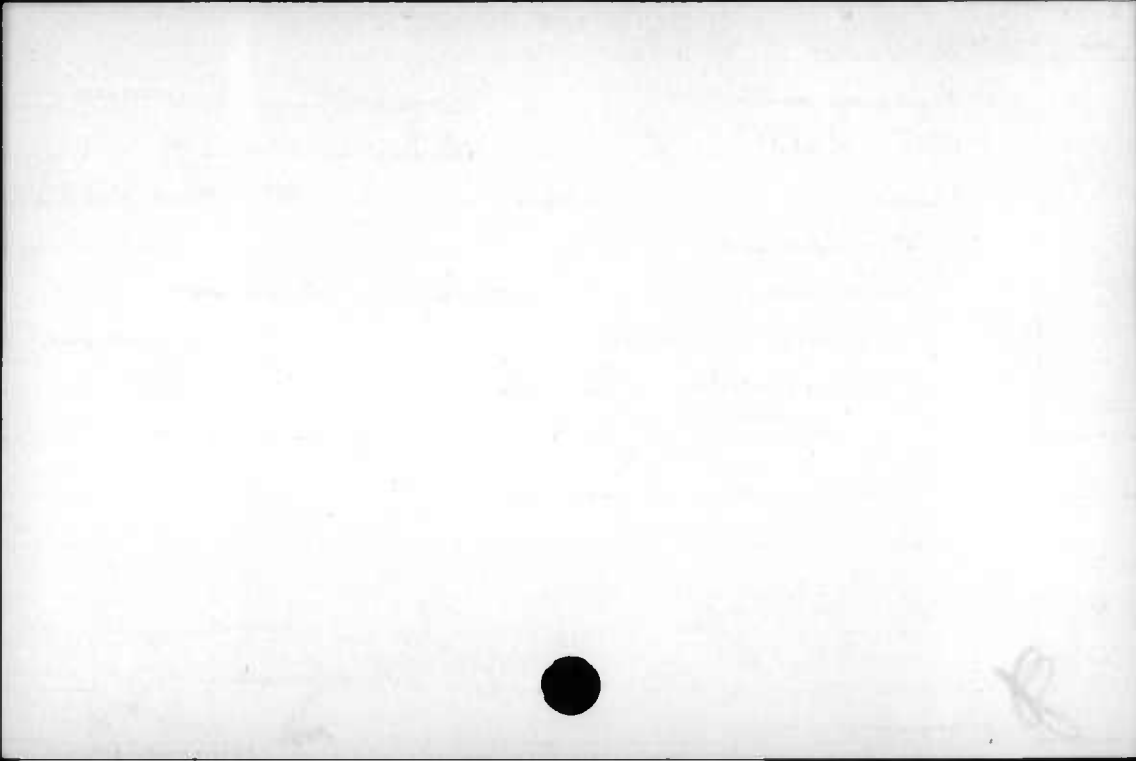
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>15</i>	Age <i>31</i>	Months <i>10</i>	Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>New Hampshire</i>		
Occupation <i>Electrician</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ida M Hyle</i>				
Father's Name <i>Don't Know</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Jessie Ryan</i>	Mother's Birthplace <i>New Hampshire</i>				
Name of person giving information <i>Ida M Deolan</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	(93)	How long <i>1 week</i>
Immediate <i>Head Ache</i>		How long <i>hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jos. J. Hering</i>	
<i>X</i>	Address <i>Westminster</i>	
	<i>MD</i>	
Accident or Suicide? <i>_____</i>		

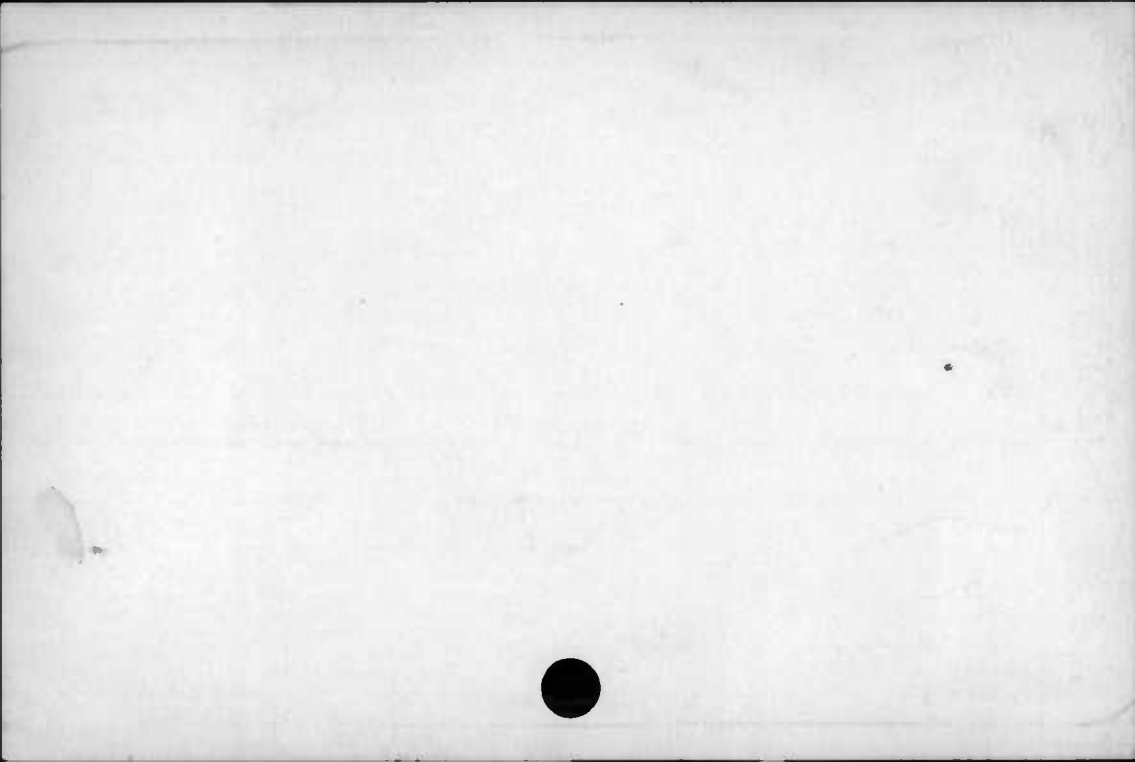


TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full <i>Anna Susan Elliott</i>		Town <i>Bark Hill</i>		County <i>Carroll</i>		STATE MARYLAND	
Died at <i>Bark Hill</i>		Month <i>4</i>		Day <i>15</i>		Age <i>84</i>	
Date of death <i>1907</i>		Years <i>84</i>		Months <i></i>		Days <i></i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>about Harwood Pa.</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>(J. Elliott deceased)</i>					
Father's Name <i></i>		Father's Birthplace <i></i>					
Mother's Maiden Name <i></i>		Mother's Birthplace <i></i>					
Name of person giving information <i>Jno W. Smith</i>		How related to deceased <i>Son-in-law</i>					
CAUSES OF DEATH							
Primary <i>Arteriosclerosis</i>		How long <i>2 years</i>					
Immediate <i>Exhaustion from the above</i>		How long <i></i>					
Are the name, age, sex, color, date and place correctly given above? <i></i>		Signature of Physician <i>D. E. J. Long</i>					
<i></i>		Address <i>Union Bridge Md.</i>					
Accident or Suicide? <i></i>		<i></i>					

81



Name
in
Full

William Flater

199
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sandyville</u>		County <u>Carroll</u>		MARYLAND	
Date of death	1907	Month	April	Day	2
Age	79	Years	2	Months	1
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Carpenter	Where Residing if not at place of death			
Married, Single or Widowed	Widower	Name of Wife or Husband	Martha J. Blovier		
Father's Name	Peter Flater	Father's Birthplace	Maryland		
Mother's Maiden Name	Matilda Caple	Mother's Birthplace	Lo		
Name of person giving information	Wm H Flater	How related to deceased	Son		

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	2 days
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. J. Fleming	
		Address	
		Hedden	
		M O	
Accident or Suicide?			

Sharon

Pleasant Grove Cemetery
Dundysville

Name
in
Full

Levin S. Fooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Springfield Hospital*

Town

Carroll

County

MARYLAND

Date
of death *1907 April*

Month

Day
3

Age

Years
79

Months

Days

Sex
*Male*Color or
Race*White*Birth-
place*Md*

Occupation

*Sailor*Where Residing if not
at place of death~~Married, Single~~
or WidowedName of Wife or
Husband*Unknown*Father's
Name*Unknown*Father's
Birthplace*Unknown*Mother's
Maiden Name*"*Mother's
Birthplace*"*Name of person giving
In formation*Hospital records*How related
to deceased

CAUSES OF DEATH

*18*PHYSICIAN
OR CORONER

Primary

Senile Dementia

How long

about 3 1/2 yrs

Immediate

Cellulitis of thigh

How long

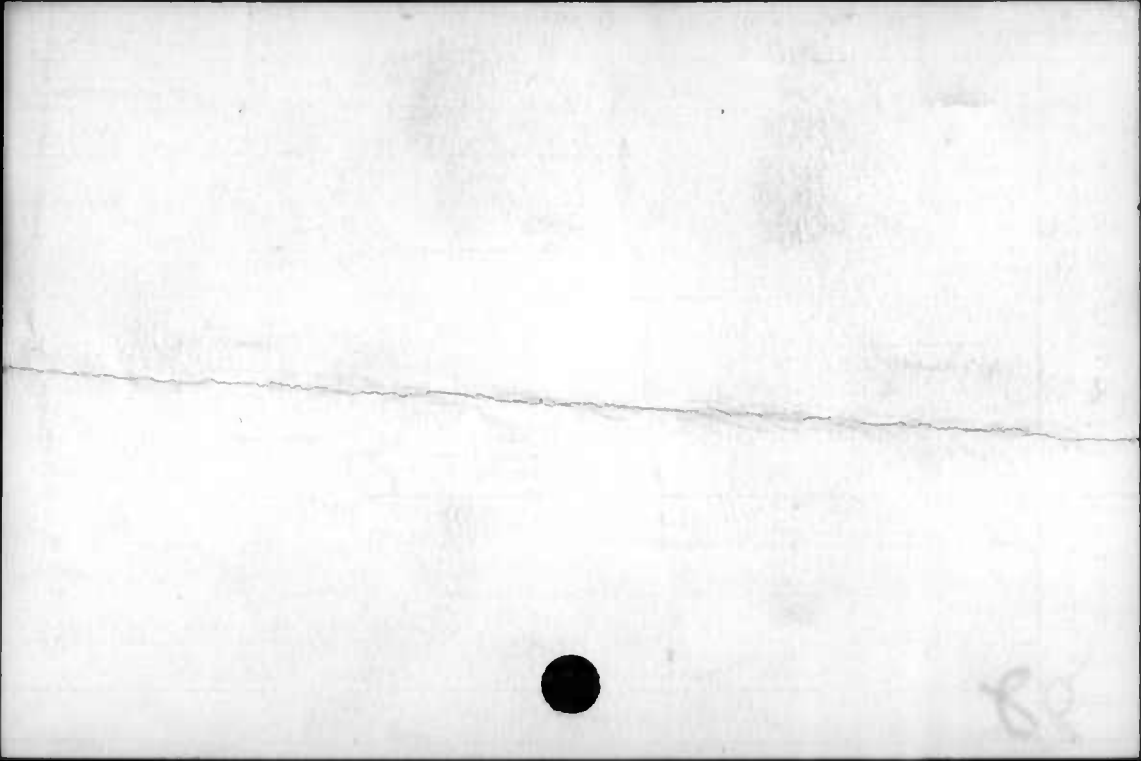
*30 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Chas. J. Carry*

Address

Lytleville Md

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

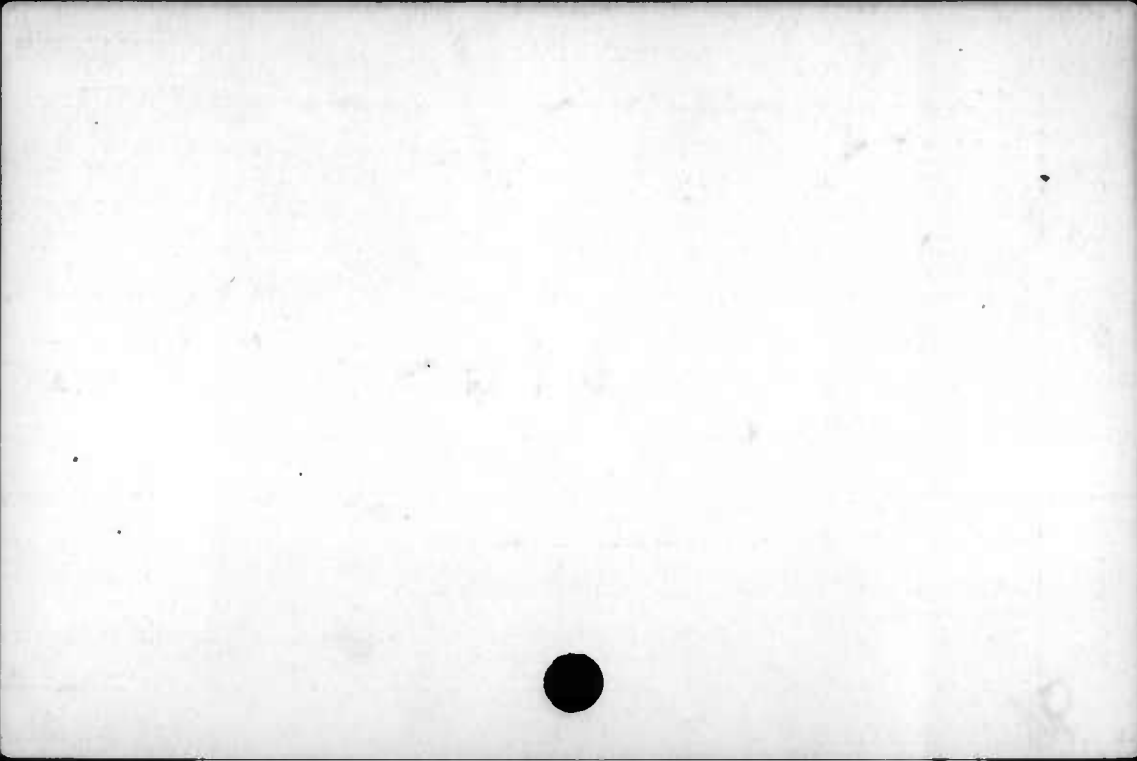
Name in Full <i>Elizabeth Fritz</i>		Town <i>Linwood</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Linwood</i>		Month <i>April</i>		Day <i>4</i>		Years <i>71</i>	
Date of death <i>1907</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>W</i>		Birth-place <i>Ind</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Linwood</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Adrian J. Fritz</i>					
Father's Name <i>Joseph Mohler</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Beulah</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Alma Garner</i>		How related to deceased <i>no</i>					

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary <i>Chronic Rheumatism Arterio Sclerosis</i>		How long <i>—</i>	
Immediate <i>Exhaustion</i>		How long <i>Eight days.</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John H. Gatter</i>	
		Address <i>New London Maryland</i>	
Accident or Suicide?			



Name
in
Full

Mrs. Mary Eugenia (Berret) George

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Freedom</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	April	Day	10
Age	57	Years	6	Months	6
Sex	Female	Color or Race	White	Birth-place	Carroll Co., Md.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Widow		Name of Wife or Husband <i>James George - deceased -</i>		
Father's Name	<i>Julius B. Berret</i>		Father's Birthplace <i>Baltimore Co., Md.</i>		
Mother's Maiden Name	<i>Ruth A. Dorsey</i>		Mother's Birthplace <i>Carroll Co., Md.</i>		
Name of person giving information	<i>James B. George</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis, Complicated by organic Valvular Heart disease</i>	How long	<i>6 months</i>
Immediate	<i>Hemiplegia - Failure Nervous System</i>	How long	<i>3 days.</i>

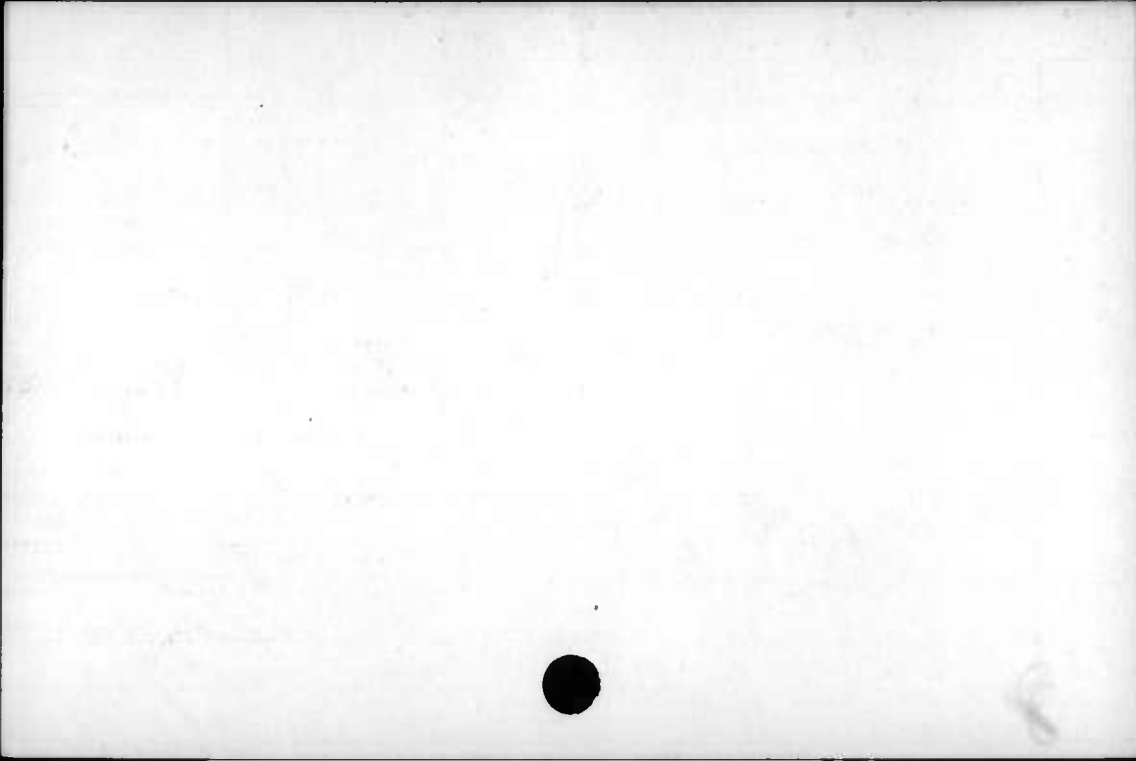
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Daniel B. Sprecher,
Sylkesville,
Md.

Accident or Suicide?



Name
in
Full

William Gonder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

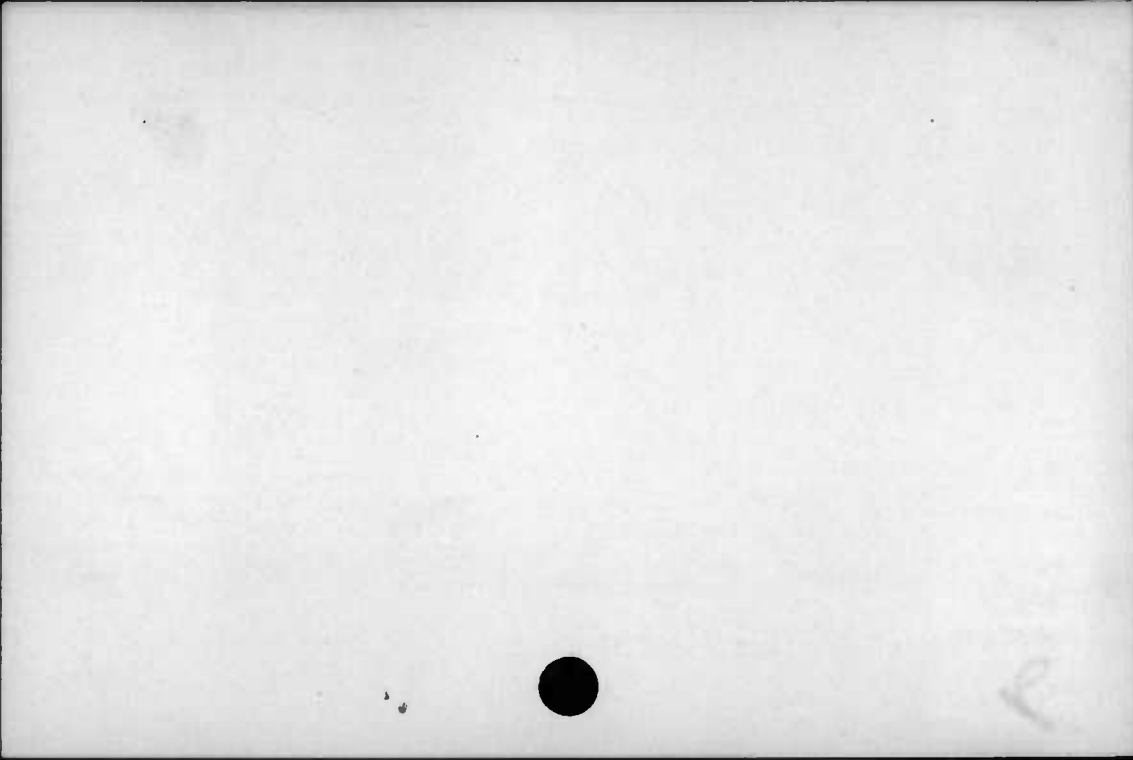
Died at		Manchester		County		Carroll		MARYLAND	
Date of death		1907		Month		April		Day	
		23		Age		71		Years	
Sex		Male		Color or Race		White		Months	
								Days	
								23	
Occupation		Book Keeper		Where Residing if not at place of death				Birth-place	
								Manchester	
Married, Single or Widowed		Single		Name of Wife or Husband		Bertie Lynne Gonder			
Father's Name		Josiah Gonder		Father's Birthplace		Germany			
Mother's Maiden Name		Catherine Herlinger		Mother's Birthplace		Ind.			
Name of person giving Information		Wife		How related to deceased		Wife			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary		Dilatation of Heart.		How long		one Year	
Immediate		Syncope		How long		Six Hours	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. H. Preston M.D.	
				Address		Manchester.	
						Carroll Co., Md.	
Accident or Suicide?							



Name
in
Full

William Arthur Thomas Harris

187
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mexico</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>8</i>	Age	Years	Months <i>9</i> Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Carroll Co Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>John T. Harris</i>		Father's Birthplace <i>Carroll Co Md</i>			
Mother's Maiden Name <i>Elizabeth J. Bennett</i>		Mother's Birthplace			
Name of person giving information <i>John T. Harris</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>8 weeks</i>
Immediate <i>Double Pneumonia Exhaustion</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas R Foy</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>no</i>	

St Johns Leisters cemetery
Stouev

Name
in
Full

Sallie Herzberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>30th</i>	Age <i>22</i>	Years <i>22</i>	Months <i>-</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Md.</i>	
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Geo. Henry Herzberger</i>				Father's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Kate Schaeffer</i>				Mother's Birthplace <i>Md.</i>	
Name of person giving information <i>Hospital records</i>				How related to deceased <i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>8 yrs.</i>
Immediate <i>Epileptic Convulsive seizure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>To best</i>	Signature of Physician <i>W. Henry Fisher</i>
<i>I of my knowledge</i>	Address <i>Sylkesville Md.</i>
Accident or Suicide?	

1056 South
C + P Phone
our children

Name
in
Full

Robert William Hutchins

182
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1907	Month	<i>April</i>	Day	<i>8</i>	Age	<i>1</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Carroll Co Md</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband				
Father's Name	<i>Harvey J. Hutchins</i>					Father's Birthplace	<i>Carroll Co Md</i>
Mother's Maiden Name	<i>George H. Anders</i>					Mother's Birthplace	<i>" " "</i>
Name of person giving information	<i>Mrs Harvey Hutchins</i>					How related to deceased	<i>Mother</i>

CAUSES OF DEATH

Primary *Internal Convulsions 2 weeks*

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

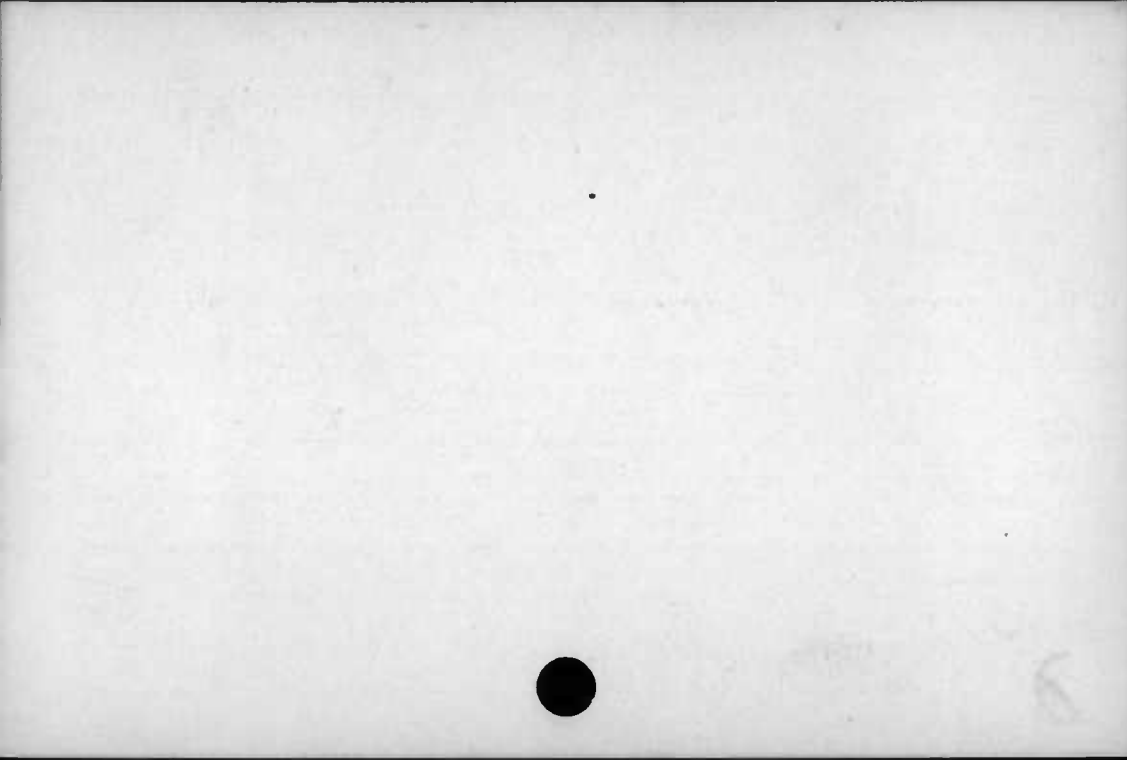
Address

Mrs Bott
Westminster
Md

Accident or Suicide?

St Rufinus cemetery.
Stover.

Name in Full		Frederick J Koerner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Heslin		County Carroll		MARYLAND	
	Date of death	1907	Month April	Day 28	Age 88	Years 6	Months 18
	Sex	male		Color or Race	white German		
	Occupation	Farmer		Birth-place	Germany		
	Where Residing if not at place of death	Heslin					
	Married, Single or Widowed	widower		Name of Wife or Husband	Dont Know		
	Father's Name	Dont Know		Father's Birthplace	Germany		
Mother's Maiden Name	Dont Know		Mother's Birthplace	Germany			
Name of person giving information	children		How related to deceased	sons			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	old age				How long	6 months
	Immediate	Paralysis				How long	10 hours
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	J. H. Preston M.D.
	Address	Manchester, N.H.					
Accident or Suicide?							



Name

in
Full

Frederick Simpson Leatherwood

CERTIFICATE OF DEATH

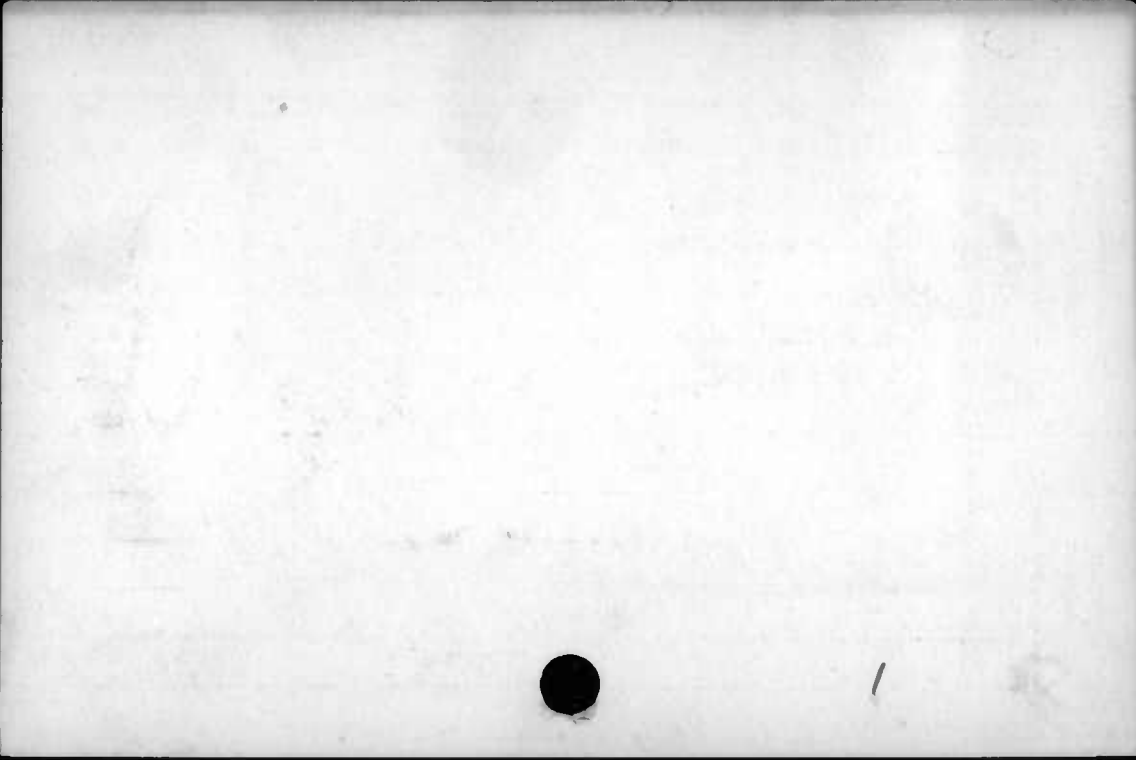
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		7	Month	8	Day	16	Years
Sex		male		Color or Race		white	
Married, Single or Widowed		single		Occupation		Student	
Name of Wife or Husband							
Father's Name				Frank Leatherwood			
Mother's Maiden Name				Rosa B. Day			
Name of person giving information				Frank J. Leatherwood			
Father's Birthplace				Carroll Co.			
Mother's Birthplace				Carroll Co.			
How related to deceased				Father			

CAUSES OF DEATH

Primary	Diphtheria	How long	15 days
Immediate	Heart failure	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. D. Crunk	
Accident or Suicide?		Address	
		Winfield Carroll Co	

PHYSICIAN
OR CORONER



Name
in
Full

Anna Mary A. Gippy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Drop Run* ^{Town} *Carroll* ^{County} *MARYLAND*

Date of death *1907* ^{Month} *April* ^{Day} *21* ^{Years} *Age 36.* ^{Months} *1.* ^{Days} *22*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Edwin Gippy*

Father's Name *Lewis Baumgardner* Father's Birthplace

Mother's Maiden Name *Sophia Machala* Mother's Birthplace

Name of person giving information *Husband* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Meningitis, Superinduced* How long *5 days*

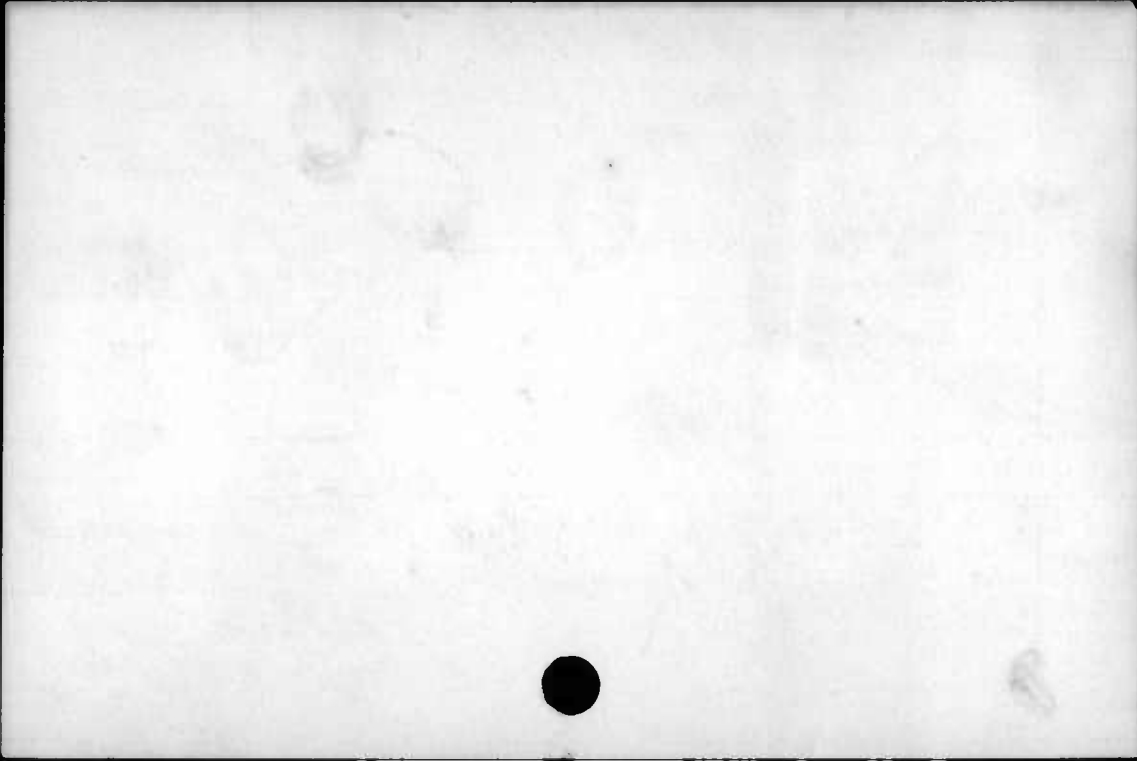
Immediate *By an Erysipelatous infection* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas A Keagy, M.D.*

Address *Pleasant Hill*

Accident or Suicide? *Med*



Name
in
Full

Infant

Logue

344
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Hours
1907		April	12				1 Hour
Sex		Color or Race		Birth-place			
Male		White		Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Carroll H Logue				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Blanch Spencer				Md			
Name of person giving information				How related to deceased			
Carroll H Logue				Father			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary		How long	
Heart Failure		Half hour	
Immediate		How long	
" "		" "	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Jas. H. Billingsley	
		Address	
		8th Street	
Accident or Suicide?			
No -		Md.	

Dear Sir

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hampstead</i> Town			County <i>Carroll</i>			MARYLAND		
Date of death <i>1907</i>		Month <i>April</i>	Day <i>11</i>	Age <i>74</i>	Years	Months <i>2</i>	Days <i>18</i>	
Sex <i>male</i>		Color or Race <i>xx white</i>		Birth-place <i>Mefferville Pa</i>				
Occupation <i>merchandise</i>				Where Residing if not at place of death <i>Hampstead</i>				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary E McNeal Daley</i>						
Father's Name <i>John McNeal</i>				Father's Birthplace <i>in</i>				
Mother's Maiden Name <i>in in</i>				Mother's Birthplace <i>in</i>				
Name of person giving information <i>wife</i>				How related to deceased <i>wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>Three months</i>
Immediate <i>General Paralysis</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J A Presdown M D</i>
<input checked="" type="checkbox"/> Accident or Suicide?	Address <i>Manecheville Md</i>



Name
in
Full

Annie Jane Miller

184
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Westminster		Carroll		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death	1907	April	9	53	11	8	
Sex	Female		Color or Race	white		Birth-place	Carroll Co Md
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Married			George Miller				
Father's Name	William Miller				Father's Birthplace		
				Carroll Co Md			
Mother's Maiden Name	Annie Montgomery				Mother's Birthplace		
				" " "			
Name of person giving information	George Miller				How related to deceased		
				Husband.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broncho Pneumonia	How long	3 weeks
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. J. Boman	
Address		Westminster	
Accident or Suicide?			

Meadow Branch Cemetery
Stoner

Name
in
Full

Annie Katherine Mumford

183
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	1907	Month	April	Day	13
Age	76	Years		Months	5
Sex	Female	Color or Race	White	Birth-place	Fredt. Leo Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Eliad		
Father's Name	Jeremiah Frazer			Father's Birthplace	Fredt. Leo Md
Mother's Maiden Name	Not Known			Mother's Birthplace	
Name of person giving information	Elsworth Mumford			How related to deceased	Son.

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	one week
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	M. L. Butts
		Address	Westminster Md
Accident or Suicide?			

New Windsor Cemetery
Stones!

Name
in
Full

— Nicholas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Springfield Hosp.*

Town

Canoll

County

Date

of death

1907

Month

April

Day

13

Age

Years

87

Months

Days

Sex

*Male*Color or
Race*White*Birth
place*Germany*

Occupation

*Tailor*Where Residing if not
at place of deathMarried, Single
or Widowed*Unknown*Name of Wife or
HusbandFather's
Name*Unknown*Father's
Birthplace*Unknown*Mother's
Maiden Name*"*Mother's
Birthplace*"*Name of person giving
Information*Hosp. records*How related
to deceased

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Senile dementia

How long

Many years

Immediate

Cerebral apoplexy

How long

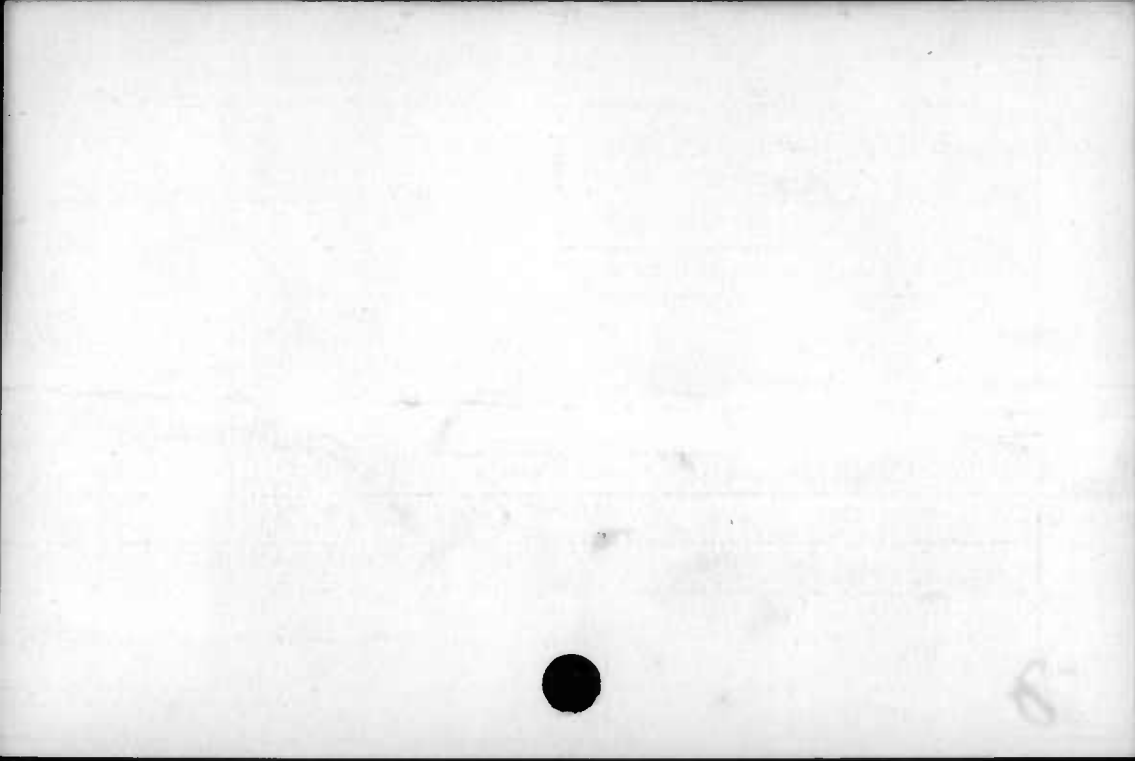
*5 hrs*Are the name, age, sex, color, date
and place correctly given above?*? about name*Signature of
Physician

Address

*Chas. J. Carey
Sydneyville Md.*

Accident or Suicide?

No



Name
in
Full190
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smallwood</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1907</i> Month <i>April</i> Day <i>14</i>		Age <i>82</i> Years		Months <i>4</i>	Days <i>6</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation <i>Retired</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Don't know</i>			
Father's Name <i>Don't know</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Frank Niver</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>—</i>
Immediate <i>Heart Failure</i>	How long <i>6 Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. Billingslea M.D.</i>
	Address <i>Westminster Md.</i>
Accident or Suicide? <i>No</i>	

Deer Park cemetery.

Stones

Name
in
Full

188
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Washington Quings
Town *near Westminster* County *Carroll*
Died at *Maryland*
Date of death *1907* Month *April* Day *16* Age *78* Months *3* Days *19*
Sex *Male* Color or Race *White* Birth-place *Maryland*
Occupation *Farmer* Where Residing if not at place of death
Married, Single or Widowed *Widower* Name of Wife or Husband *Mary Gist*
Father's Name *Richard Quings* Father's Birthplace *Maryland*
Mother's Maiden Name *Elizabeth Morrow* Mother's Birthplace *Ido*
Name of person giving information *Carroll Quings* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Old Age* How long
Immediate *Heart Failure* How long
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Thos. J. Coonan M.D.*
Address *Westminster*
Accident or Suicide?

Best family

Name
in
Full

Ephraim Petry

191
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	190 <i>7</i> ^{Month}	<i>April</i> ^{Day}	<i>16</i> ^{Age}	<i>75</i> ^{Years}	<i>3</i> ^{Months}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Laborer</i>		Birth-place	<i>Carroll Co Md</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Michael Petry</i>			Father's Birthplace	<i>Carroll Co Md</i>
Mother's Maiden Name	<i>Catherine Fox</i>			Mother's Birthplace	<i>" " "</i>
Name of person giving information	<i>Mrs. Sarah W.</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i> (91)	How long	<i>Several years</i>
Immediate	<i>Pneumonia - Exhaustion</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. R. Fouch</i>
		Address	<i>Westminster Md</i>
Accident or Suicide?	<i>No</i>		

Meadow Branch Cemetery
Stover

Name
in
Full

CERTIFICATE OF DEATH

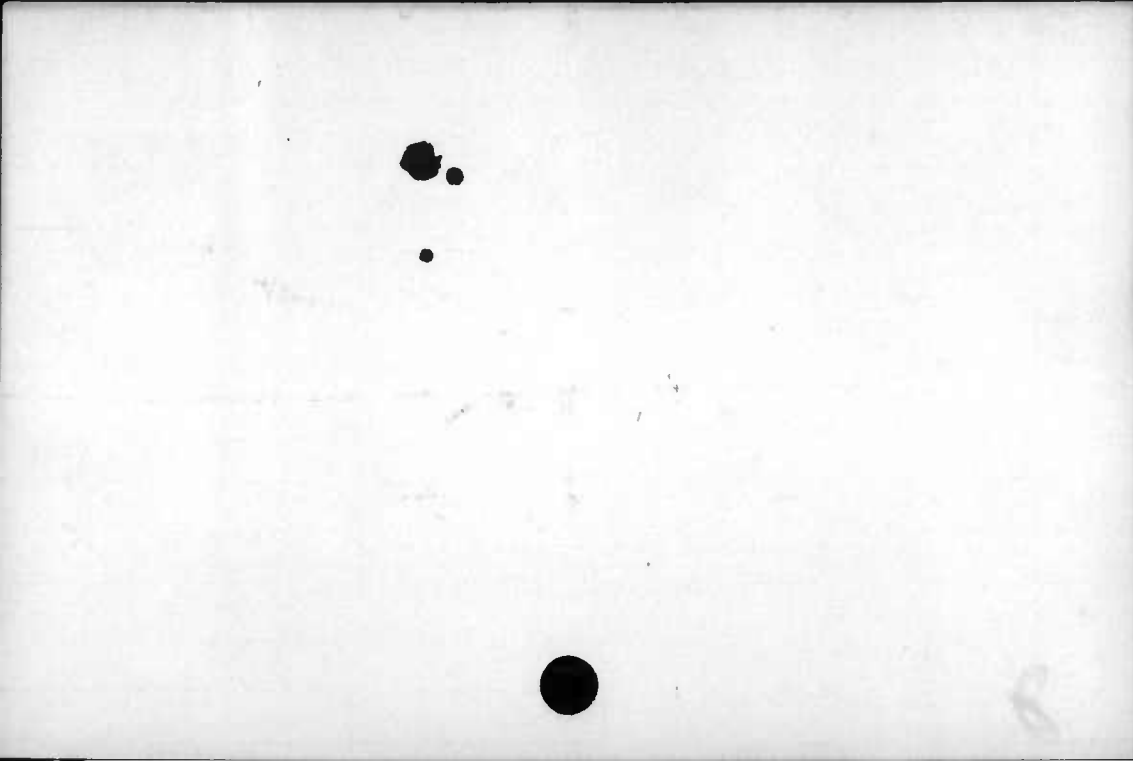
TO BE ANSWERED BY
NEAREST FRIEND

James Pierpont
Town *Springfield Hosp.* County *Carroll*
Died at
Date of death *1907 Apr. 12* Month *Apr.* Day *12* Age *69* Years Months Days
Sex *male* Color or Race *White* Birth-place *Unknown*
Occupation *Laborer* Where Residing if not at place of death
Married, ~~Single~~ *Widowed* Name of Wife or Husband
Father's Name *Unknown* Father's Birthplace *Unknown*
Mother's Maiden Name *"* Mother's Birthplace *"*
Name of person giving information *Hospital record* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralytic dementia* How long *9 1/2 yrs*
Immediate *Exhaustion* How long *Progressive*
Are the name, age, sex, color, date and place correctly given above? Signature of Physician *Chas. J. Carey*
Address *Sykesville Md.*
Accident or Suicide?



Name
in
Full

Robert M. Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

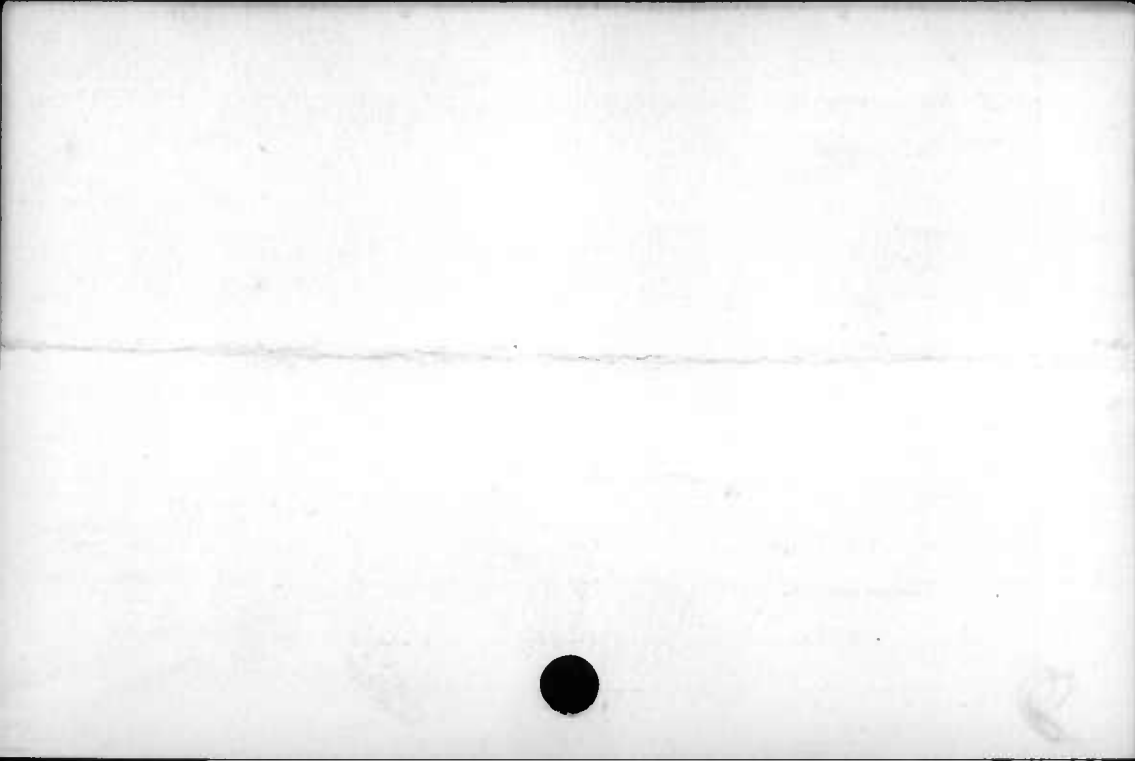
Died at <i>Springfield Hosp.</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Apr.</i>	Day <i>14</i>	Age <i>80</i>	Years	Months	Days
Sex <i>m</i>	Color or Race <i>White</i>		Birth-place <i>md</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>John H. Porter</i>			Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Mary Anne</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>Hosp. records</i>			How related to deceased				

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	<i>Chronic Mania</i>	How long <i>? many years</i>
Immediate	<i>Obstructed hernia & Org heart disease</i>	How long <i>about 12 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas J. Cary</i>
		Address <i>Sykesville Md.</i>
Accident or Suicide? <i>No</i>		



Name
in
Full

Horace Cluttera Beaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taneytown</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>15</i>	Age	Years	Months <i>2 1/2</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Taneytown Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Stanley C. Beaver</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Georgia R. Cluttera</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Stanley Beaver</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>2 1/2 days</i>
Immediate <i>Cerebral Hemorrhage & Exhaustion</i>	How long <i>12 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>H. H. Seis</i>
	Address <i>Taneytown. Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Mary Louise Ross

No 179

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

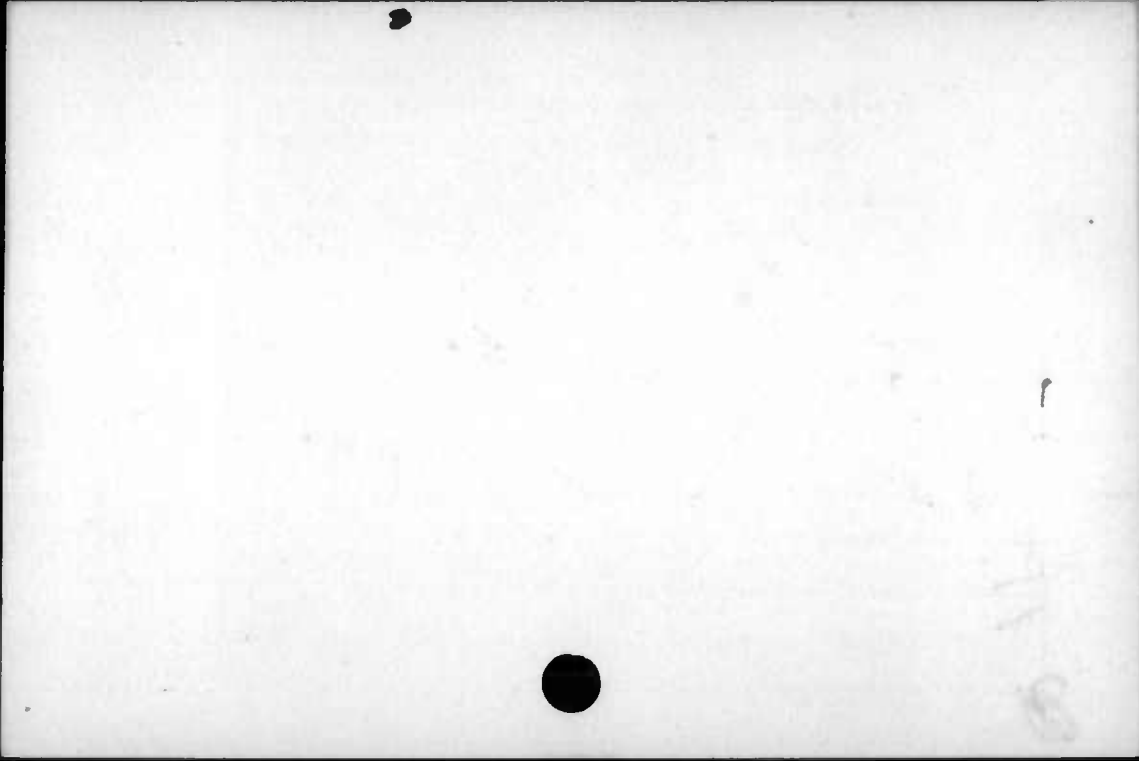
Died at <i>Westminster</i> ^{Town}		<i>Cannell</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>6</i>	Age	Years	Months <i>1</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Cannell Co Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Isaac Ross</i>		Father's Birthplace <i>Bedford Co Md</i>			
Mother's Maiden Name <i>Lettie V. Riggs</i>		Mother's Birthplace " " "			
Name of person giving information <i>Alethia Waller</i>		How related to deceased <i>Aunt.</i>			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>Several weeks</i>
Immediate	<i>Strangulation</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. R. Foutz, M.D.</i>	
		Address <i>Westminster, Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Lorance

Rost

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Manchester disch^{County} Carroll

MARYLAND

Date
of death 1907Month
4Day
19

Age

Years
14Months
6Days
2Sex
MaleColor or
Race

White

Birth-
place

Maryland

Occupation

Cigar Maker

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Lorenze Rost.

Father's
Birthplace

Germany

Mother's
Maiden Name

Barbra Rost

Mother's
Birthplace

Germany

Name of person giving
Information

Barbra Rost

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Double Pneumonia

How long

37 hours

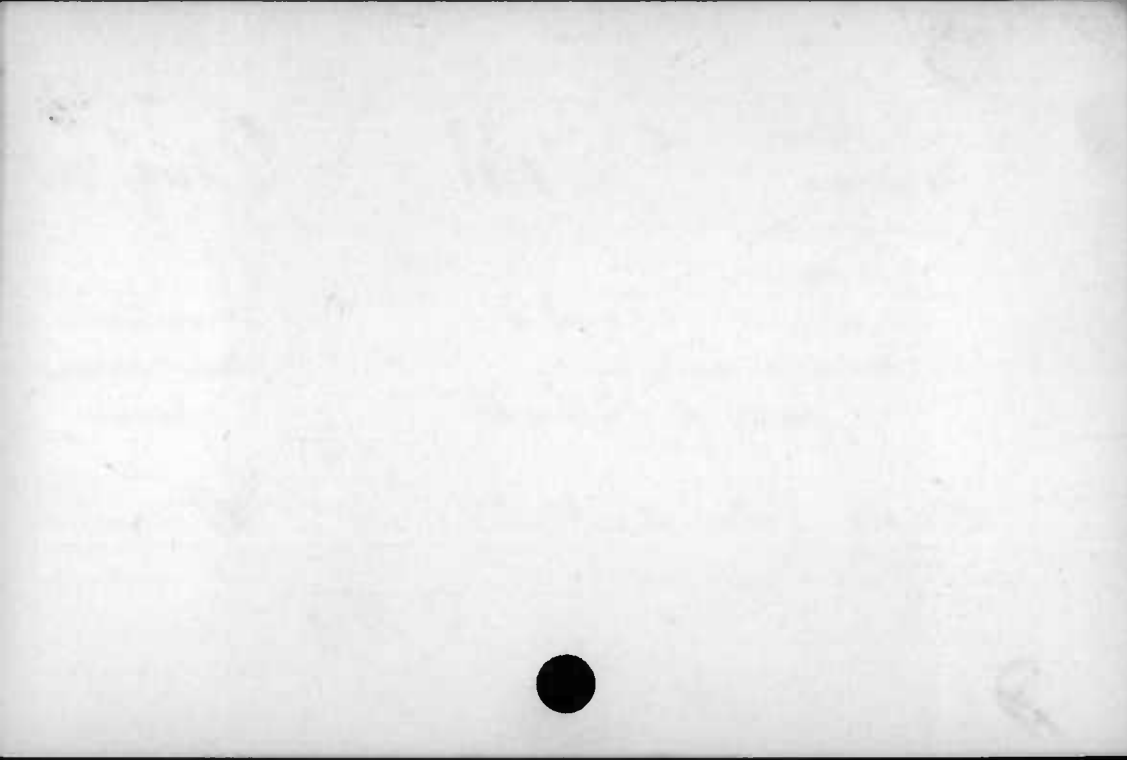
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

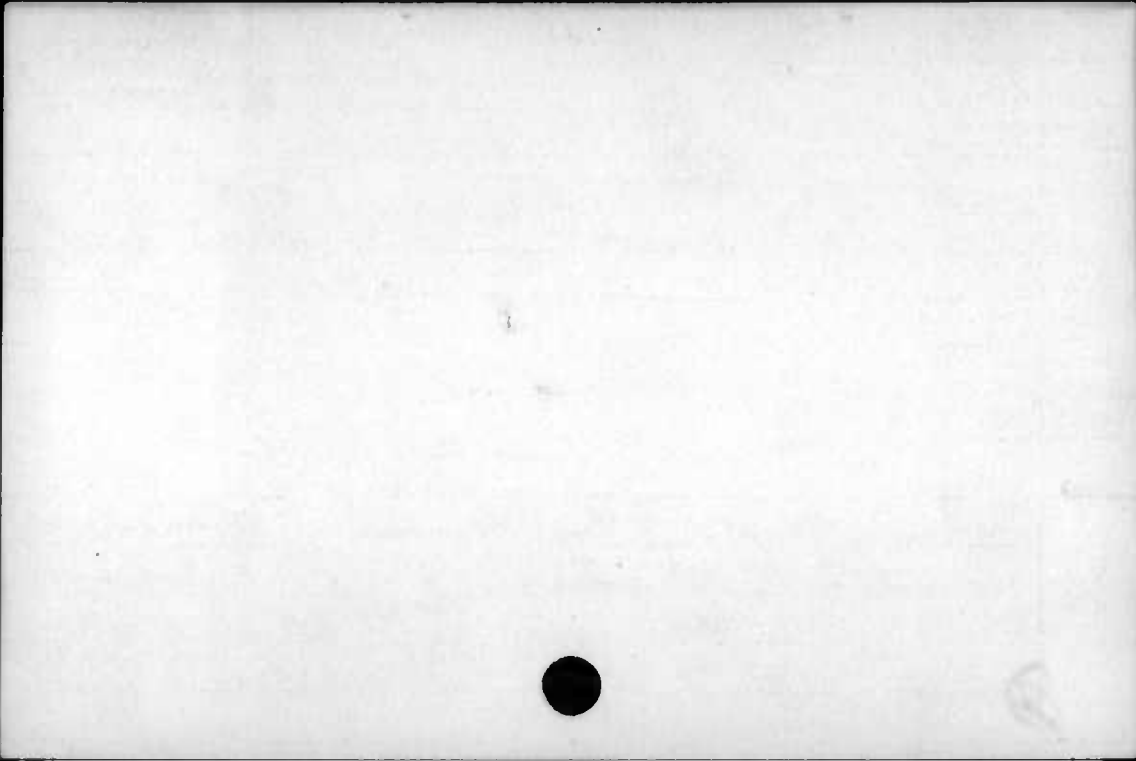
Address

John Szegler M.D.
Melrose
Md.PHYSICIAN
OR CORONER

Accident or Suicide?



Name in Full Sophia Shedd		CERTIFICATE OF DEATH	
Died at York Road		County Carroll	
Date of death 1907 Apr. 5		Age 79	
Sex Female		Color or Race white	
Occupation none		Where Residing if not at place of death -	
Married, Single or Widowed widow		Name of Wife or Husband William Shedd	
Father's Name Andrew Boston		Father's Birthplace unknown	
Mother's Maiden Name unknown		Mother's Birthplace unknown	
Name of person giving information Jas. A Shedd		How related to deceased son	
CAUSES OF DEATH			
Primary Senile osteo-arthritis		How long 4 weeks	
Immediate Gangrene		How long 1 "	
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician P. H. Diller	
Address Detour.		Address Maryland	
Accident or Suicide? /			



Name
in
Full

Mary E Shunk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bruceville</i>		Town <i>Barroll</i>		County		MAYLAND	
Date of death	1907	Month	4	Day	20	Age	80
Sex	Female		Color or Race	White		Birth-place	Md
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband				
Father's Name	John White		Father's Birthplace		Pa		
Mother's Maiden Name	Mary E Stultz		Mother's Birthplace		Md		
Name of person giving information	James White		How related to deceased		Brother		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis & Heart Disease</i>		How long	<i>2 years</i>	
Immediate	<i>Exhaustion</i>		How long	<i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician		<i>J. H. Scies</i>
			Address		<i>Tammytown Md.</i>
Accident or Suicide? <i>_____</i>					

11-11-11
11-11-11
11-11-11



Name
in
Full

Eliza Davidson Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Cannettown TownCarroll CountyDate
of death 1907Month
4Day
18

Age

Years
36

Months

Days

Sex FemaleColor or
RaceWhiteBirth-
placeCannettown, Md

Occupation

HousewifeWhere Residing if not
at place of deathMarried, Single
or WidowedMarriedName of Wife or
HusbandThomas F. SnyderFather's
NameWm. A. DavidsonFather's
BirthplaceHampsstead, Md.Mother's
Maiden NameUnknownMother's
BirthplaceHampsstead, Md.Name of person giving
informationThos. F. SnyderHow related
to deceasedHusband

CAUSES OF DEATH

(136)

Primary

Placental Prævia

How long

—

Immediate

Heart Failure from Haemorrhage

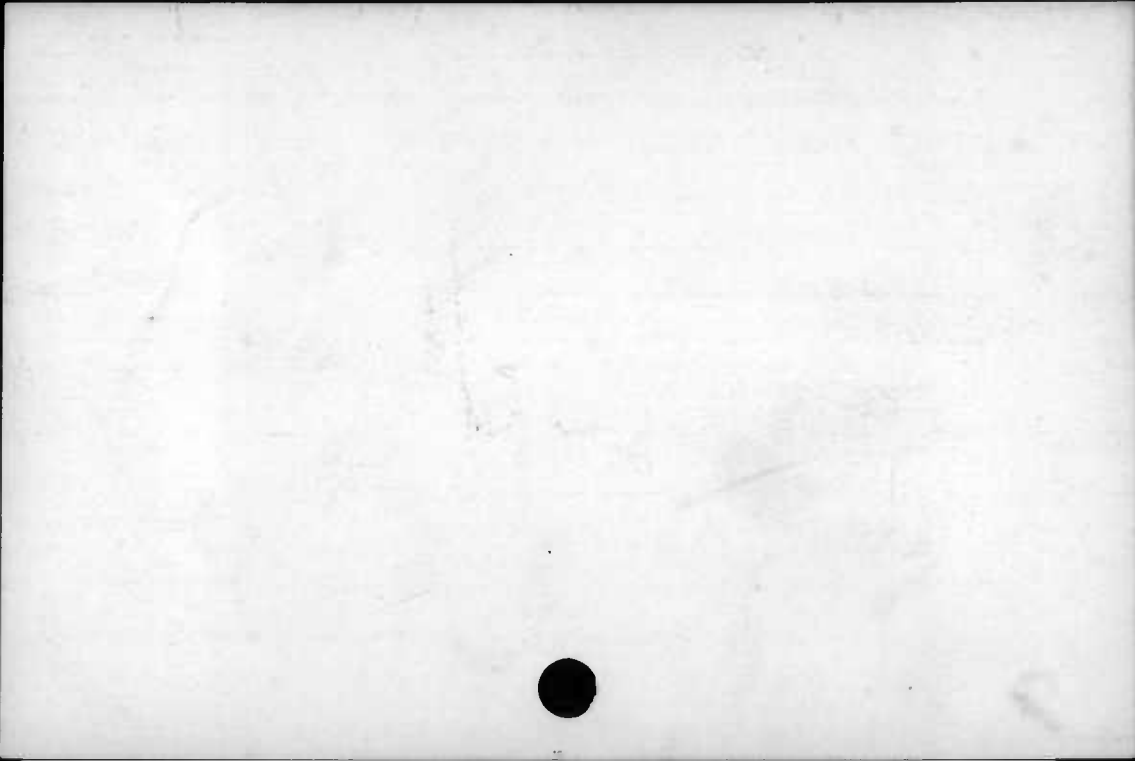
How long

2 da.Are the name, age, sex, color, date
and place correctly given above?Yes.Signature of
PhysicianEdgar M. Bush M.D.

Address

Hampsstead,
Md

Accident or Suicide?



Name
in
Full

Mary Spalding

194
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	April	Day	28
Age		57		Months	—
Sex	Female	Color or Race	White	Birth-place	St. Marys Co. Md.
Occupation	none	Where Residing if not at place of death <i>Westminster Md.</i>			
Married, Single or Widowed	Single	Name of Wife or Husband <i>—</i>			
Father's Name	<i>C. C. Spalding</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Sophia K. Leigh</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Jas. H. Billingslea</i>			How related to deceased	<i>Brother-in-law</i>

CAUSES OF DEATH

33

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of kidneys</i>	How long	<i>5 years</i>
Immediate	<i>Inanition</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Jas. H. Billingslea</i>
		Address	<i>Westminster Md.</i>
Accident or Suicide?	<i>No</i>		

Westminster Camden
Shaner

Name
in
Full

Thomas A. Story

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

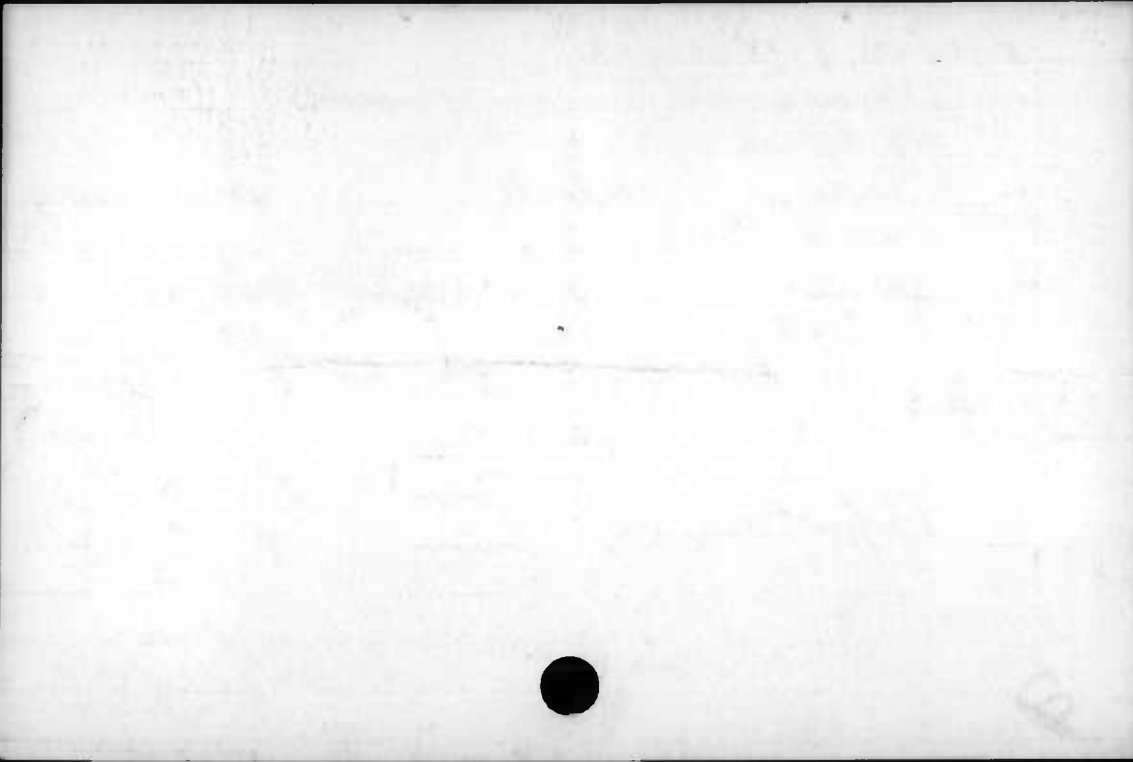
Died at <i>Springfield Hosp.</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1907	Month	April	Day	23	Age	48
Sex	M	Color or Race	White	Birth-place	Md.		
Occupation	Blacksmith		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Luther W. Story				Father's Birthplace	Md.	
Mother's Maiden Name	Anne Mary				Mother's Birthplace	"	
Name of person giving information	Hospital records				How related to deceased		

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary	General Paralysis		How long	about 3 yrs.
Immediate	Exhaustion		How long	Progressive
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
		no	Address	
Accident or Suicide?		no	Chas. J. Casey Lykensville Md.	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sterling H. Strine

MARYLAND Pa

Died at Black Rock Town York County

Date of death 1907 April 3 Age Years Months Days 10

Sex Male Color or Race White Birth-place Black Rock Pa.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Harry B. Strine ✓ Father's Birthplace Adams Co., Pa.

Mother's Maiden Name Lottie M. Miller Mother's Birthplace York Co., Pa.

Name of person giving information Mrs. Edward R. Miller How related to deceased Grand Mother

CAUSES OF DEATH

71

Primary Defective heart action How long During life

Immediate Convulsions How long 24 hours

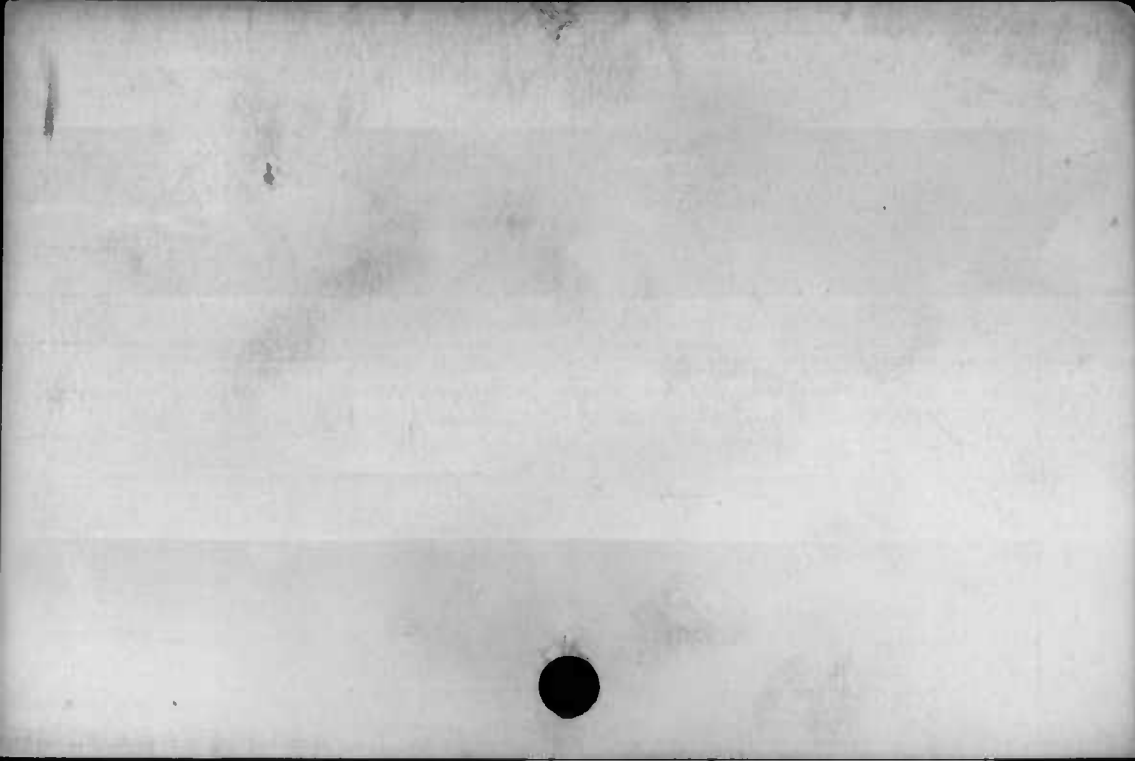
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. A. B. Weaver

Address Macehester

Accident or Suicide? C

PHYSICIAN
OR CORONER



Name
in
Full193
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Medford</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month <i>April</i>	Day <i>28</i>	Age <i>60</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>James A. Turfle</i>			
Father's Name <i>James Gordon</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary Green</i>		Mother's Birthplace <i>Do</i>			
Name of person giving In formation <i>Ellen Leanner</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexia</i>	How long <i>8 hours</i>
Immediate <i>11</i>	How long <i>11</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. F. Shipley, M.D.</i>
Address <i>Do</i>	
Accident or Suicide?	

Wichita Center
Hamer

Name
in
Full

David Henry Warehime ✓

189
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>9</i>	Years <i>69</i>	Months <i>2</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Carroll Co Md</i>		
Occupation <i>Retired</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Sarah A Reigle</i>			
Father's Name <i>George Warehime</i>		Father's Birth-place <i>Carroll Co Md</i>			
Mother's Maiden Name <i>Christine Shafer</i>		Mother's Birth-place <i>" " "</i>			
Name of person giving information <i>H</i>		How related to deceased <i>✓</i>			

CAUSES OF DEATH

(40)

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of liver</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Ira E. Whitehead</i>
	Address <i>New Windsor Md.</i>
Accident or Suicide?	

St Benignus Cemetery
Stoner

Name
in
Full

Walter Sherman Wink

CERTIFICATE OF DEATH

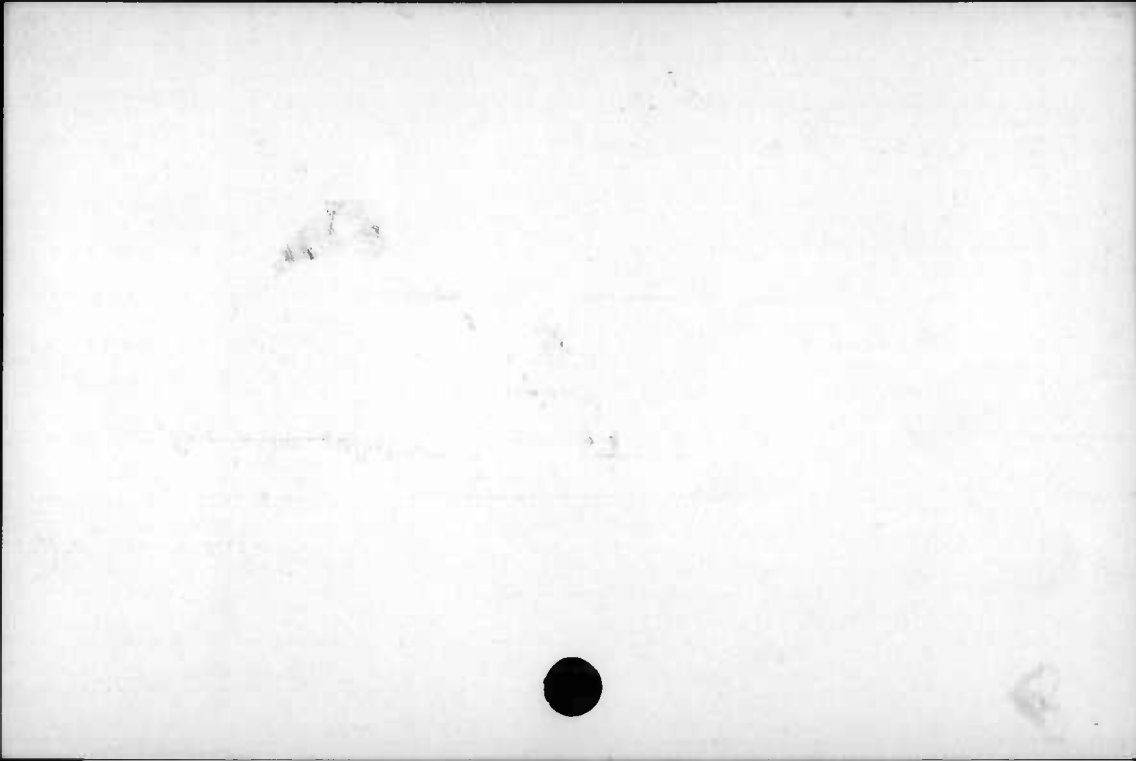
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Maple Grove</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>28</i>	Age <i>28</i>	Years	Months <i>11</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maple Grove</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>J Henry Wink</i>			Father's Birthplace <i>Carroll Co Md</i>		
Mother's Maiden Name <i>Laura V. Bigler</i>			Mother's Birthplace <i>Adams Co Pa</i>		
Name of person giving information <i>J Henry Wink</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Jauundice</i>	<i>151</i>	How long <i>5-days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J H Sherman Md</i>
<i>yes</i>		Address <i>Manchester Md</i>
Accident or Suicide?		



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER


Name in Full *Isabella Louisa Yeiser*

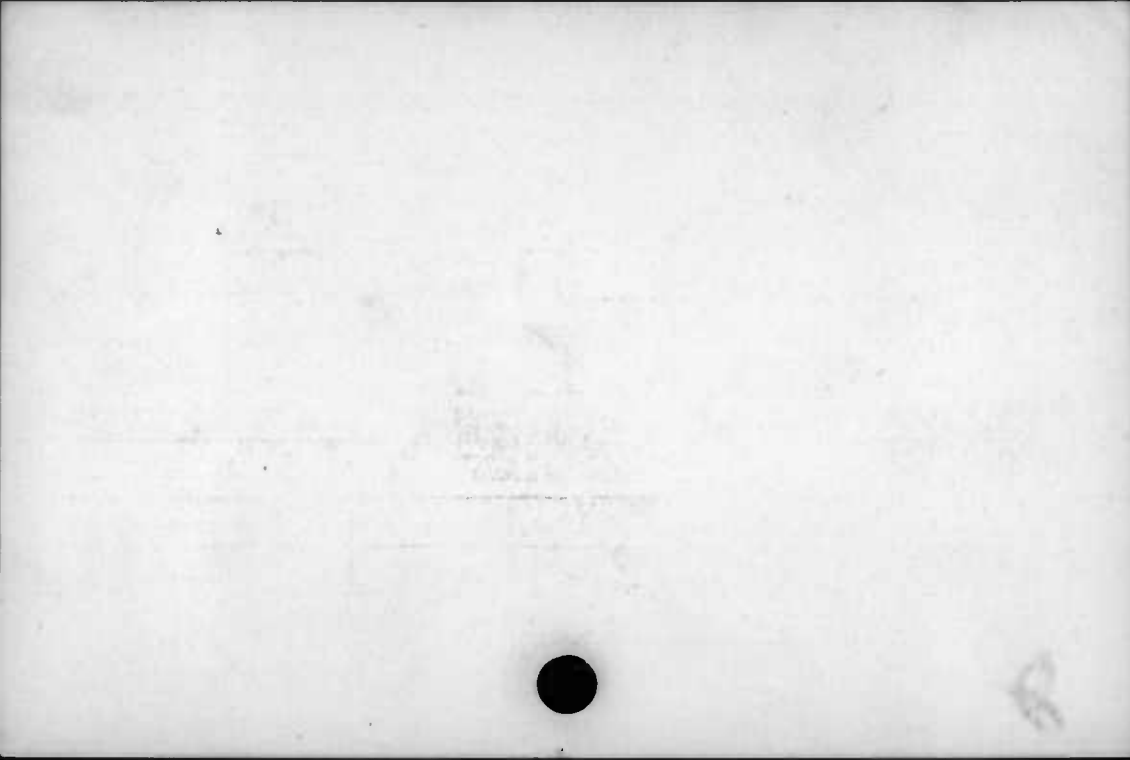
CERTIFICATE OF DEATH

Died at <i>Myers District</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>24</i>	Age <i>77</i>	Months <i>8</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth place <i>Maryland</i>		
Occupation <i>retired</i>			Where Residing if not at place of death _____		
<input checked="" type="checkbox"/> Married, Single or Widowed			Name of Wife Husband <i>Absolon Yeiser</i>		
Father's Name <i>Andrew Seutz</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Sallie Rhinehart</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>John F. Liebringer</i>			How related to deceased <i>Son in law</i>		

CAUSES OF DEATH

(93)

Primary <i>Pneumonia</i>	How long <i>107 days</i>
Immediate <i>Heart Failure</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Sziegler</i>
	Address <i>Melrose Westminster Md.</i>
	<i>Md.</i>
Accident or Suicide? _____	



Name
in
Full

186
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Y. Zimmerman

Town *Westminster* County *Carroll* MARYLAND

Died at *Westminster*

Date of death *1907* Month *Apr* Day *16* Age *65* Years Months *1* Days *12*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife *Rosanne Swatbaugh*

Father's Name *John Frederick Zimmerman* Father's Birthplace *Germany*

Mother's Maiden Name *Katherine Routh* Mother's Birthplace *Md.*

Name of person giving information *Rosanne Zimmerman* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Lobar Pneumonia* How long *12 days*

Immediate *Exhaustion - Heart Failure* How long *Several Hours*

Are the name, age, sex, color, date and place correctly given above? *ye*

Signature of Physician *Chas. R. Touch*

Address *Westminster Md.*

Accident or Suicide?

Manchester
Lutheran
Church